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## CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS 136-  
CERTIFICATE OF DEATH

125904  
I.D. TAG NO.  
**523**  
Local File Number

State File Number

1. DECEDENT'S NAME: **Ada Marie SHERIDAN**

2. SEX: **F**

3. DATE OF DEATH (Month, Day, Year): **Dec. 5, 1992**

4. SOCIAL SECURITY NUMBER: **541/12/2410**

5a. AGE-Last Birthday (Years): **72**

5b. Under 1 Year: **Mo. Days Hours Mins.**

6. BIRTHPLACE (City and State or Foreign Country): **Lake City, CA.**

7. DATE OF BIRTH (Month, Day, Year): **April 18, 1920**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one): ☒ HOSPITAL ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. CITY, TOWN, OR LOCATION OF DEATH: **Klamath Falls**

9c. COUNTY OF DEATH: **Klamath**

10. FACILITY NAME (if not institution, give street and number): **Merle West Medical Center**

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): **Widowed**

12. SPOUSE (if Married, Widowed): **Alden M.**

13a. RESIDENCE - STATE: **Oregon**

13b. COUNTY: **Klamath**

13c. CITY, TOWN OR LOCATION: **Klamath Falls**

13d. STREET AND NUMBER: **332 No. 10th Street**

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

15. RACE: American Indian, Black, White, etc. (Specify): **White**

16. DECEDENT'S EDUCATION (Specify only highest grade completed): **12**

17. FATHER - NAME first middle last: **Hurby Elijah McDaniel**

18. MOTHER - NAME first middle maiden: **Hattie Illinois Brown**

19. INFORMANT - NAME and relationship to decedent: **Sharyn Mathews / Dau.**

20a. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Eternal Hills Memorial Gardens**

20c. LOCATION - City or Town, State: **Klamath Falls, Oregon**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: *[Signature]*

21b. LICENSE NUMBER (if Licensed): **3409**

22. NAME, ADDRESS AND ZIP OF FACILITY: **Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601**

23. DATE FILED (Month, Day, Year): **DEC 09 1992**

24. REGISTRAR'S SIGNATURE: *[Signature]*

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

27. TIME OF DEATH: **2308**

28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): *[Signature]*

30. DATE SIGNED (Month, Day, Year): **12-7-92**

31. TIME OF DEATH: **M**

31b. DATE PRONOUNCED DEAD (Month, Day, Year): **M**

32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): *[Signature]*

33. DATE SIGNED (Month, Day, Year): **COUNTY**

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): **Jon S. Wayland, MD / 2301 Mt. View Blvd. / Klamath Falls, Oregon 97601**

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

(a) **cardiac arrest**

(b) **metastatic carcinoma of bladder**

(c) **post surgery**

37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unknown

38. AUTOPSY ☐ Yes ☒ No

39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☒ N/A

40. MANNER OF DEATH ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide

41a. DATE OF INJURY (Month, Day, Year): **M**

41b. TIME OF INJURY: **M**

41c. INJURY AT WORK? ☐ Yes ☒ No

41d. DESCRIBE HOW INJURY OCCURRED:

41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify):

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DEC 09 1992

DATE ISSUED:

Charles Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Sharyn Mathews the 10th day  
of Dec. A.D., 19 92 at 2:00 o'clock P.M., and duly recorded in Vol. M92  
of Deeds on Page 29272  
By Evelyn Biehn County Clerk

FEE \$10.00

Return: Sharyn Mathews  
332 N. 10th, Klamath Falls, Or. 97601

45-2 Rev 7/91

