

CERTIFICATION OF VITAL RECORD

140063 I.D. TAG NO.		OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS		136
510 Local File Number		CERTIFICATE OF DEATH		State File Number
1. DECEDENT'S NAME First Middle Last MADOLINE EUNICE POLSON		2. SEX F	3. DATE OF DEATH (Month, Day, Year) NOVEMBER 22, 1992	
4. SOCIAL SECURITY NUMBER 544-42-9499		5a. AGE Last Birthday (Years) 79	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) CAWKER, KANSAS
7. DATE OF BIRTH (Month, Day, Year) APRIL 26, 1913		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> EP/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify)		
9. FACILITY NAME (If not institution, give street and number) 4809 SUMMERS LANE		10. CITY, TOWN, OR LOCATION OF DEATH KLAMATH FALLS		11. COUNTY OF DEATH KLAMATH
12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) HOUSEWIFE		13. KIND OF BUSINESS/INDUSTRY AT HOME		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) MARRIED
15. RESIDENCE - STATE OREGON		16. COUNTY KLAMATH		17. CITY, TOWN OR LOCATION KLAMATH FALLS
18. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. ZIP CODE 97603		20. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 12
21. FATHER - NAME first middle last ISSAC - MILTON		22. MOTHER - NAME first middle maiden BERTHANA - INSCHO		23. INFORMANT - NAME and relationship to deceased WILLARD - SPOUSE
24. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) ETERNAL HILLS MEMORIAL GDNS		26. LOCATION - City or Town, State 4711 Hwy 39 KLAMATH FALLS, OREGON
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jim Lancaster</i>		28. LICENSE NUMBER (Of Licensee) 3224		29. NAME, ADDRESS AND ZIP OF FACILITY ETERNAL HILLS FUNERAL HOME KLAMATH FALLS, OREGON 97603
30. DATE FILED (Month, Day, Year) NOV 24 1992		31. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>		
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		33. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
34. TIME OF DEATH 1:06 A.M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Blake Berven</i>				
37. DATE SIGNED (Month, Day, Year) November 23, 1992				
38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) BLAKE BERVEN M.D./ 2616 CLOVER STREET/ KLAMATH FALLS, OREGON 97601				
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
40. 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.				
PART I (a) CVA DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 10 min.		
(b) Generalized Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 10 years		
(c)		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention		42a. DATE OF INJURY (Month, Day, Year)	42b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	42c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
43. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		44. DESCRIBE HOW INJURY OCCURRED		
45. LOCATION (Street and Number or Rural Route Number, City or Town, State)		46. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
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DATE ISSUED: **NOV 25 1992**Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Willard Polson the 11th day of Dec. A.D., 19 92 at 10:05 o'clock A M., and duly recorded in Vol. M92 of Deeds on Page 29316.

FEE \$10.00

Return: Willard Polson
5421 Avalon, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk

By Charles Barcus