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CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

F 9454

136-

CERTIFICATE OF DEATH

1. DECEDENT'S NAME: Edith	Middle:	Last: CIBULKA	2. SEX: Female	3. DATE OF DEATH: January 13, 1992	
4. SOCIAL SECURITY NUMBER: 554-48-5453	5a. AGE (Last Birthday): 56	5b. Under 1 Year: Months / Days	5c. Under 1 Day: Hours / Minutes	6. BIRTHPLACE (City and State or Foreign Country): Yakima, Washington	7. DATE OF BIRTH: October 5, 1935

8a. PLACE OF DEATH (Check only one): ☒ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other (Specify) ☒ Other (Specify): Nursing Home ☐ Residence ☐ Other (Specify)

8b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls — Klamath

8c. FACILITY NAME (If not institution, give street and number): 2007 Ogden

9. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Owner / Janitorial

10. KIND OF BUSINESS/INDUSTRY: Busy Bee Janitorial Service

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

12. SPOUSE: Len

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

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

13d. STREET AND NUMBER: 2007 Ogden

13e. ZIP CODE: 97603

13f. INSIDE CITY LIMITS? ☒ Yes ☐ No

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, Yes-Mexican, Yes-Puerto Rican, Yes-Cuban, Yes-Other Hispanic, etc.) ☐ No ☐ Yes Specify

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

16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 — College (1-4 or 5+): —

17. FATHER - NAME First Middle Last: George - Sanislo

18. MOTHER - MAIDEN NAME First Middle Maiden: Helen - Wallace

19. INFORMANT - NAME, Mailing Address, Relationship: Len Cibulka - Husband

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 Crematory

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

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster

21b. LICENSE NUMBER (If Licensee): 3224

22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Hwy #39/ Klamath Falls, OR 97603

23. REGISTRAR'S SIGNATURE: Charlene Barcello

24. DATE FILED (Month, Day, Year): JAN 21 1992

25. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

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

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1:15 P. M

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): Patrick McCarthy MD

30. DATE SIGNED (Month, Day, Year): 1/16/92

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Patrick McCarthy, MD - 460 Murphy Rd. - Medford, Oregon 97504

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

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M

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

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):

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

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

PART I (a) Metastatic Ovarian carcinoma

DUE TO, OR AS A CONSEQUENCE OF:

(b)

DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause shown in PART I.

35. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk

36. AUTOPSY ☐ Yes ☒ No

37. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? ☐ Yes ☐ No

38. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined ☐ Awaiting Autopsy ☐ Legal (Explain)

39a. DATE OF INJURY (Month, Day, Year)

39b. TIME OF INJURY: M

39c. INJURY AT WORK? ☐ Yes ☒ No

39d. DESCRIBE HOW INJURY OCCURRED

39e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)

39f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

40. FILED FOR REGISTRAR'S USE

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

DATE ISSUED: FEB 03 1992

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 26th day of Jan. A.D., 19 93 at 9:39 o'clock A.M., and duly recorded in Vol. M93, of Deeds on Page 1810.

Evelyn Biehn County Clerk
By Barbara Hutchinson

FEE $10.00

Return: Leonard H. Cibulka
P.O. Box 44, Fossil, Or. 97830