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CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
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CERTIFICATE OF DEATH

116408 I.D. TAG NO.		384 Local File Number		State File Number	
1. DECEDENT'S NAME First: <u>Lauren</u> Middle: <u>Cecil</u> Last: <u>CAMPBELL</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>August 29, 1992</u>		
4. SOCIAL SECURITY NUMBER <u>576-22-2435</u>		5a. AGE-Last Birthday (Years) <u>70</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Cold Water, MI</u>	7. DATE OF BIRTH (Month, Day, Year) <u>September 4, 1921</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9b. CITY, TOWN, OR LOCATION OF DEATH <u>Chiloquin</u>					
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Maintenance</u>					
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>					
12. SPOUSE (If Married, Widowed) <u>Grace</u>					
13a. RESIDENCE - STATE <u>Oregon</u>					
13b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
13c. COUNTY <u>Klamath</u>					
13d. CITY, TOWN OR LOCATION <u>Chiloquin</u>					
13e. STREET AND NUMBER <u>105 Arnold</u>					
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
15. RACE <u>White</u>					
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>12</u>					
17. FATHER - NAME first middle last <u>Henry - Campbell</u>					
18. MOTHER - NAME first middle maiden <u>Cora - Woods</u>					
19. INFORMANT - NAME and relationship to decedent <u>Grace Campbell - Wife</u>					
20. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>					
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State					
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u>					
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Hwy #39/ Klamath Falls, OR 97624</u>					
23. DATE FILED (Month, Day, Year) <u>SEP 03 1992</u>					
24. REGISTRAR'S SIGNATURE <u>Charles Robinson</u>					
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
27. TIME OF DEATH <u>Found 8:00P M</u>					
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) <u>[Signature]</u>					
30. DATE SIGNED (Month, Day, Year) <u>9/1/92</u>					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>R. Rand Hale, MD - 1000 Pine St. - Klamath Falls, OR 97601</u>					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
33. 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) <u>pneumonia</u> DUE TO, OR AS A CONSEQUENCE OF:					
(b) <u> </u> DUE TO, OR AS A CONSEQUENCE OF:					
(c) <u>prostate carcinoma</u> OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.					
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide					
35. DATE OF INJURY (Month, Day, Year) <u> </u>					
36. TIME OF INJURY <u> </u>					
37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify) <u> </u>					
39. DESCRIBE HOW INJURY OCCURRED <u> </u>					
40. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>					

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION

DATE ISSUED SEP 03 1992EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Grace Campbell the 4th day
of Feb. A.D., 19 93 at 2:49 o'clock P.M., and duly recorded in Vol. M93
of Deeds on Page 2611
By Evelyn Biehn County Clerk
By Rosanne G. Mendenhall

FEE \$10.00

Return: Grace Campbell
P.O. Box 636, Chiloquin, Or. 97624