

140051

I.D. TAG NO.

419

Local File Number

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

State File Number

DECEDENT

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PARENTS

DISPOSITION

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9

REGISTRAR

11

CERTIFIER

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14

CONDITIONS

IF ANY

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE

STATING THE

UNDERLYING

CAUSE LAST

CAUSE OF

DEATH

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1 DECEDENT'S NAME First Middle Last Jesse Marion MARTIN		2 SEX Male	3 DATE OF DEATH (Month, Day, Year) September 21, 1992
4 SOCIAL SECURITY NUMBER 552-26-3284		5a AGE Last Birthday (Years) 73	5b Under 1 Year Mos Days Hours Mins
6 BIRTHPLACE (City and State or Foreign Country) Charleston, ARK.		7 DATE OF BIRTH (Month, Day, Year) August 5, 1919	
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 checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ERO Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b FACILITY NAME (if not institution, give street and number) Merle West Medical Center		9c CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Truck owner/operator		10b KIND OF BUSINESS/INDUSTRY Trucking	
11 MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Married		12 SPOUSE (If Married, Widowed) Mary M. (Tilda)	
13a RESIDENCE - STATE Oregon		13b COUNTY Klamath	
13c CITY, TOWN OR LOCATION Klamath Falls		13d STREET AND NUMBER 1830 Etna	
13e INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f ZIP CODE 97603	
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 American Indian, Black, White, etc. (Specify) White	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) 8		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 12) College (14 or 5+)	
17 FATHER - NAME first middle last Claude C. Martin		18 MOTHER NAME first middle maiden Erie Lee Henderson	
19 INFORMANT NAME and relationship to decedent Mary Martin - Spouse (Tilda)		20 LOCATION City or Town, State Klamath Falls, Oregon	
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Eternal Hills Mem. Gardens		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Mem. Gardens	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster		21b LICENSE NUMBER (Of Licensee) 3224	
22 NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy #39/ Klamath Falls, OR.		23 REGISTRAR'S SIGNATURE Charles Robinson	
24 DATE FILED (Month, Day, Year) SEP 24 1992		25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26 WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27 TO BE COMPLETED BY CERTIFYING PHYSICIAN	
27 TIME OF DEATH 12:47 P		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) Robert P. Beaman		30 DATE SIGNED (Month, Day, Year) 9/22/92	
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert P. Beaman, MD - 2300 Clairmont - Klamath Falls, OR. 97601		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)		34 INTERVAL BETWEEN ONSET AND DEATH	
(a) Acute myocardial infarction with ventricular rupture		Interval between onset and death 9 days	
(b) Coronary Artery Disease		Interval between onset and death	
(c)		Interval between onset and death	
35 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I		36 Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
37 AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		38 If YES, were findings contributory in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
39 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		40 DATE OF INJURY (Month, Day, Year)	
41 TIME OF INJURY M <input checked="" type="checkbox"/> No		42 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 RESERVED FOR REGISTRAR'S USE	

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: **OCT 01 1992**

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Mary Martin** the **17th** day
of **Feb.** A.D., 19 **93** at **11:15** o'clock **A.M.** and duly recorded in Vol. **M93**
of **Deeds** on Page **3385**

FEE \$10.00

Return: Mary Martin

1830 Etna, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk

By **Charles Robinson**