

094065  
I.D. TAG NO.  
068

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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1. DECEDENT'S NAME First: Judith Middle: L. Last: JANOSIK		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) February 8, 1993
4. SOCIAL SECURITY NUMBER 313-60-9736		5a. AGE Last Birthday (Years) 40	5b. Under 1 Year Mos: Days: Hours: Mins:
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) February 12, 1952	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> Other		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):	
10. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath		13. MARITAL STATUS Married	
14. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Student		15. SPOUSE (If Married, Widowed, Divorced) (Specify) Thomas Ewing	
16. RESIDENCE - STATE Oregon		17. RESIDENCE - COUNTY Klamath	
18. RESIDENCE - CITY, TOWN, OR LOCATION Klamath Falls		19. STREET AND NUMBER 4439 Memorie Lane	
20. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. ZIP CODE 97603	
22. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		23. RACE American Indian, Black, White, etc. (Specify) White	
24. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (12) College (14 or 15) 5+		25. FATHER - NAME first middle last Daniel - Janosik	
26. MOTHER - NAME first middle maiden Marguarite		27. INFORMANT NAME and relationship to decedent Thomas Ewing Spouse	
28. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James D. Rupp</i>		31. LICENSE NUMBER (Of Licensee) 52-0297	
32. DATE FILED (Month, Day, Year) FEB 12 1993		33. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601	
34. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		35. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
36. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH M: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH 7:43 A M February 8, 1993 7:43 A M	
38. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>Robert P. Beaman</i>		39. 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) <i>Charles Barcus</i>	
40. DATE SIGNED (Month, Day, Year) 2/10/93		41. COUNTY Klamath	
42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert P. Beaman M.D. M.E. 2300 Clairmont Street Klamath Falls, Oregon 97601		43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
44. 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		45. INTERNAL 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) Unknown Natural Causes		(a) Internal between onset and death	
(b) Diabetes		(b) Internal between onset and death	
(c) Hypertension		(c) Internal between onset and death	
46. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Kidney Transplantation		47. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
48. 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		49. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49a. DATE OF INJURY (Month, Day, Year)		49b. TIME OF INJURY	
49c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49d. DESCRIBE HOW INJURY OCCURRED	
49e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		49f. 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.

DATE ISSUED: FEB 12 1993

Charles Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Thomas Janosik the 18th day  
of Feb. A.D. 19 93 at 2:08 o'clock PM., and duly recorded in Vol. M93  
of Deeds on Page 3497

FEE \$10.00

Return: Thomas Janosik  
4439 Memorie Ln, Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk

By *Charles Barcus*