

125920

I.D. TAG NO.

079

Local File Number

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

State File Number

1. DECEDENT'S NAME First: Thomas Middle: William Last: AMES, Sr.			2. SEX M		3. DATE OF DEATH (Month, Day, Year) February 13, 1993				
4. SOCIAL SECURITY NUMBER 536 10 6023		5a. AGE Last Birthday (Years) 89		5b. Under 1 Year Mos. Days Hours Mins		6. BIRTHPLACE (City and State or Foreign Country) Crawford, Oklahoma		7. DATE OF BIRTH (Month, Day, Year) June 21, 1903	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" 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"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			9b. COUNTY OF DEATH Klamath			
9c. FACILITY NAME (If not institution, give street and number) 5416 Lawanda Drive			9d. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls			9e. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Carpenter			10b. KIND OF BUSINESS/INDUSTRY Construction			11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Muriel	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 5416 Lawanda Drive			
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97601		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (5-12) College (14 or 5+) 8	
17. FATHER - NAME first middle last Apollis P. Ames			18. MOTHER - NAME first middle maiden Mary J. Paul			19. INFORMANT - NAME and relationship to decedent Thomas Ames / Son			
20a. 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)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. View Memorial Park			20c. LOCATION - City or Town, State Tacoma, Washington			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James J. Paul</i>			21b. LICENSE NUMBER (OV License) 3409		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, Or. / 97601				
23. DATE FILED (Month, Day, Year) FEB 17 1993			24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>						
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 M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					28. WAS MEDICAL EXAMINER NOTIFIED? M <input type="checkbox"/> Yes <input checked="" 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) <i>Robert P. Beaman</i>					30. DATE SIGNED (Month, Day, Year) 2/15/93				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert P. Beaman, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601					32. DATE SIGNED (Month, Day, Year) 2/15/93				
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					34. DATE SIGNED (Month, Day, Year) 2/15/93				
35. 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) Unknown natural causes					Interval between onset and death				
(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death				
(c) DUE TO, OR AS A CONSEQUENCE OF:					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.					37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
40. 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 <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41c. INJURY AT WORK? M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED	
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41f. 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
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED:

FEB 17 1993

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Thomas J. Ames Jr. the 19th day
of Feb. A.D., 19 93 at 10:00 o'clock A.M., and duly recorded in Vol. M93
of Deeds on Page 3542

FEE \$10.00

Return: Thomas J. Ames Jr.

5416 Lawanda Dr., Klamath Falls, Or. 97601

Evelyn Biehn - County Clerk

By Charles Robinson