

155703
I.D. TAG NO.
214
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATED IN
THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

1 DECEDENT'S NAME George William SELLES		2 SEX M	3 DATE OF DEATH (Month, Day, Year) June 16, 1991
4 SOCIAL SECURITY NUMBER 560-28-5357		5a AGE - Last Birthday (Years) 72	5b Under 1 Year Months _____ Days _____
6 BIRTHPLACE (City and State or Foreign) Honolulu, Hawaii		7 DATE OF BIRTH (Month, Day, Year) August 12, 1918	
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"/> EMT/Outpatient <input type="checkbox"/> DQA <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) Owner/operator		10b KIND OF BUSINESS/INDUSTRY Keno Rock Products	
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12 SPOUSE (If Married, Widowed) Elaine B.	
13a RESIDENCE - STATE Oregon		13b COUNTY Klamath	
13c CITY, TOWN, OR LOCATION Keno		13d STREET AND NUMBER 14991 Puckett Road (P.O. Box 66)	
14 INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15 ZIP CODE 97627	
16 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 Specify: _____		17 RACE American Indian, Black, White, etc. (Specify) White	
18 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) _____ College (11-4 or 5+) 10			
19 FATHER - NAME first middle last William - Sells		20 MOTHER - NAME first middle last Emily - Ledwood	
21 NAME AND relationship to decedent Elaine B. Sells, wife			
22 METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		23 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
24 LOCATION - City or Town, State Klamath Falls, OR 97603			
25 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		26 LICENSE NUMBER (Of License) 53-0124	
27 NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		28 REGISTRAR'S SIGNATURE <i>[Signature]</i>	
29 DATE FILED (Month, Day, Year) JUN 18 1991		30 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
31 TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 10:40 A.M. 28. WAS MEDICAL EXAMINER NOTIFIED? <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>[Signature]</i>		32 TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M 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) _____ COUNTY _____	
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) David D. Reeder, MD, 2301 Mountain View Blvd., Klamath Falls, Oregon 97601			
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) _____			
36 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) Respiratory failure DUE TO, OR AS A CONSEQUENCE OF: (b) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (c) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. ASCVD; Heart failure			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unk		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 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 _____		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) _____		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) _____	

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

DATE ISSUED **JUN 18 1991**

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Wm. M. Ganong** the **25th** day
of **Feb.** A.D., 19 **93** at **9:42** o'clock **A.M.**, and duly recorded in Vol. **M93**
of **Deeds** on Page **3884**

FEE \$10.00

Return: Wm. M. Ganong
635 Main St., Klamath Falls, Or. 97601

Evelyn Biehn - County Clerk

By *[Signature]*