

CERTIFICATION OF VITAL RECORD

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| 103006 I.D. TAG NO. 020 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: Helen Middle: Elizabeth Last: WALDREP | | 2. SEX F | 3. DATE OF DEATH (Month, Day, Year) January 15, 1993 |
| 4. SOCIAL SECURITY NUMBER 542 88 0777 | 5a. AGE Last Birthday (Years) 73 | 5b. Under 1 Year Mos. Days Hours Mins. | 6. BIRTHPLACE (City and State or Foreign Country) Ione, CA. |
| 7. DATE OF BIRTH (Month, Day, Year) May 21, 1919 | | 8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | |
| 9. FACILITY NAME (If not institution, give street and number) 2838 Logan Street | | 10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls | |
| 11. COUNTY OF DEATH Klamath | | 12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed | |
| 13. SPOUSE (If Married, Widowed) Henry T. | | 14. KIND OF BUSINESS/INDUSTRY Own Home | |
| 15. RESIDENCE - STATE Oregon | | 16. CITY, TOWN, OR LOCATION Klamath Falls | |
| 17. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 18. ZIP CODE 97603 | |
| 19. 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 | | 20. RACE American Indian, Black, White, etc. (Specify) White | |
| 21. DECEDENT'S EDUCATION (Specify only highest grade completed) 10 | | 22. INFORMANT - NAME and relationship to decedent Dani Bigby / Daughter | |
| 23. FATHER - NAME first middle last William Jameson | | 24. MOTHER - NAME first middle maiden Amelia | |
| 25. 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) | | 26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service | |
| 27. LOCATION - City or Town, State Klamath Falls, Oregon | | 28. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, Oregon 97601 | |
| 29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles R. Barcus</i> | | 30. LICENSE NUMBER (C License) 3409 | |
| 31. DATE FILED (Month, Day, Year) JAN 20 1993 | | 32. REGISTRAR'S SIGNATURE <i>Charles Robinson</i> | |
| 33. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | | 34. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN | | | |
| 35. TIME OF DEATH M <input type="checkbox"/> Yes <input type="checkbox"/> No | | 36. DATE SIGNED (Month, Day, Year) January 15, 1993 | |
| 37. 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> | | 38. COUNTY Klamath | |
| 39. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert P. Beaman, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601 | | | |
| 40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | |
| 41. 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) Natural Unknown Causes | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | | |
| PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Hypertension | | | |
| 42. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide | | 43. DATE OF INJURY (Month, Day, Year) | |
| 44. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No | | 45. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 46. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) | | 47. DESCRIBE HOW INJURY OCCURRED | |
| 48. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | 49. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 50. AUTOPSY <input type="checkbox"/> Yes <input type="checkbox"/> No | | 51. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| RESERVED FOR REGISTRAR'S USE | | | |

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

DATE ISSUED:

JAN 20 1993

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dani Bigby the 10th day
of March A.D., 19 93 at 2:07 o'clock P.M., and duly recorded in Vol. M93
of Deeds on Page 4986

Evelyn Biehn - County Clerk

By *Charles Robinson*

FEE \$10.00

Return: Dani Bigby
2838 Logan, Klamath Falls, Or. 97603