

CERTIFICATION OF VITAL RECORD

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

103108 NO. 433 Local File Number		136 State File Number	
1. DECEDENT'S NAME First Middle Last Tom Himes		2. SEX male	
3. DATE OF DEATH (Month, Day, Year) Sept. 26, 1992			
4. SOCIAL SECURITY NUMBER 540-18-0189		5a. AGE-Last Birthday (Years) 87	
5b. Under 1 Year Mos Days Hours Mins		5c. Under 1 Day Hours Mins	
6. BIRTHPLACE (City and State or Foreign Country) Walden, Ark.		7. DATE OF BIRTH (Month, Day, Year) Dec. 23, 1904	
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 type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input checked="" 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) Plum Ridge Care Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls, Or	
9d. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Faller		10b. KIND OF BUSINESS/INDUSTRY Lumber	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Mabel C. Himes wife	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Klamath Falls	
13c. STREET AND NUMBER 1505 Arthur		13d. ZIP CODE 97601	
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) Elementary/Secondary (8-12) College (14 or 16) 8			
17. FATHER - NAME First Middle Last William B Himes		18. MOTHER - NAME First Middle Maiden Martha Walker	
19. INFORMANT - NAME and relationship to decedent Mabel C. Himes, wife			
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) Klamath Mem. Park	
20c. LOCATION - City or Town, State Klamath Falls, OR			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Don O'G...</i>		21b. LICENSE NUMBER (Of Licensee) 3211	
22. NAME, ADDRESS AND ZIP OF FACILITY Wards Klamath Funeral Home 1945 Main St. Klamath Falls, OR 97601		23. REGISTRAR'S SIGNATURE Charlene Barcus	
24. DATE FILED (Month, Day, Year) OCT 01 1992		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			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH M <input type="checkbox"/> Yes <input type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? M <input 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) <i>Kenneth K. Magee</i>			
30. DATE SIGNED (Month, Day, Year) 9-29-92			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Kenneth Magee, MD, 1900 Main St. 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)			
PART I (a) <i>Constrictive Heart Failure</i>		Interval between onset and death <i>months</i>	
DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Atherosclerotic Heart Disease</i>		Interval between onset and death <i>years</i>	
DUE TO, OR AS A CONSEQUENCE OF: (c) <i>Pneumonia</i>		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			
34. MANNER OF DEATH <input 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		35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
36. DATE OF INJURY (Month, Day, Year)		37. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		39. DESCRIBE HOW INJURY OCCURRED	
40. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
RESERVED FOR REGISTRAR'S USE			

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

DATE ISSUED: OCT 06 1992

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mabel Himes the 17th day of March A.D., 19 93 at 11:29 o'clock A.M., and duly recorded in Vol. M93 of Deeds on Page 5503.

FEE \$10.00

Return: Mabel Himes, 1505 Arthur, Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk
By *Charlene Barcus*