

CERTIFICATION OF VITAL RECORD

125913
I.D. TAG NO.

050

Local File Number

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

State File Number

1. DECEDENT'S NAME First: Paul, Middle: Louis, Last: BELLM			2. SEX M	3. DATE OF DEATH (Month, Day, Year) January 31, 1993	
4. SOCIAL SECURITY NUMBER 518 05 8190		5a. AGE-Last Birthday (Years) 78	5b. Under 1 Year Mos. Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Seneca, Missouri	7. DATE OF BIRTH (Month, Day, Year) February 2, 1914
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"/> ER/Outpatient <input type="checkbox"/> OOA <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		9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Heavy Equipment Operator		10b. KIND OF BUSINESS/INDUSTRY Construction		11. MARITAL STATUS Married	12. SPOUSE (If Married, Widowed, Divorced (Specify) Emily
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 3806 Clinton Avenue		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) American Indian	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 5+) 10					
17. FATHER - NAME first middle last Peter J. Bellm			18. MOTHER - NAME first middle maiden Ruth - Robbins		
19. INFORMANT - NAME and relationship to decedent Emily Bellm					
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" 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 Cremation Service		
20c. LOCATION - City or Town, State Klamath Falls, Oregon					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles Barcus</i>			21b. LICENSE NUMBER (Of Licensee) 3409		
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main, Klamath Falls, OR 97601					
23. DATE FILED (Month, Day, Year) FEB 03 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		
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 1700 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>Blake D. Berven</i>					
30. DATE SIGNED (Month, Day, Year) February 2, 1993					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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. 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) Intracerebral hemorrhage DUE TO, OR AS A CONSEQUENCE OF: (c) Atherosclerosis					
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 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 type="checkbox"/> No	
41c. INJURY AT WORK? <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)			
RESERVED FOR REGISTRAR'S USE					

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45-2 Rev 7/91

DATE ISSUED: FEB 04 1993

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Emily Bellm the 18th day of March A.D., 19 93 at 3:12 o'clock P.M., and duly recorded in Vol. M93 of Deeds on Page 5629.

FEE \$10.00

Evelyn Biehn County Clerk

By *Charles Robinson*

Return: Emily Bellm, 3806 Clinton, Klamath Falls, Or. 97603