

MTC 29754-MK

CERTIFICATION OF VITAL RECORD

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

State File Number

OR
IN
PERMANENT
BLACK INK140084
I.D. TAG NO.189
Local File Number

1. DECEDENT'S NAME First Middle Last Daniel Joseph CALISE			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) April 21, 1993
4. SOCIAL SECURITY NUMBER 064-16-8908			5a. AGE Last Birthday (Years) 72	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Brooklyn, New York			7. DATE OF BIRTH (Month, Day, Year) July 9, 1920	
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 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) Longshoreman			10b. KIND OF BUSINESS/INDUSTRY Shipping	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married			12. SPOUSE (If Married, Widowed) Cynthia Calise	
13a. RESIDENCE - STATE Oregon			13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls			13d. STREET AND NUMBER 717 Mitchell Street	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes			15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) College (14 or 5+) 12				
17. FATHER - NAME first middle last - - -			18. MOTHER - NAME first middle maiden - - -	
19. INFORMANT - NAME and relationship to decedent Cynthia Calise - Spouse			20c. LOCATION - City or Town, State Klamath Falls, Oregon	
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) Memorial Gardens	
21a. SIGNATURE OF FEDERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>			21b. LICENSE NUMBER (Of Licensee) 93-49-1363	
22. NAME, ADDRESS AND ZIP OF FACILITY External Hills Funeral Home			22. NAME, ADDRESS AND ZIP OF FACILITY 4711 Hwy. 39, Klamath Falls, OR. 97603	
23. DATE FILED (Month, Day, Year) APR 23 1993			24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH 10:07 P.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) only represented. (Signature) <i>[Signature]</i> M.D.				
30. DATE SIGNED (Month, Day, Year) 04-22-93				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James F. Calvert M.D. 2625 Crosby Avenue, 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) <i>[Signature]</i>				
33. DATE SIGNED (Month, Day, Year) COUNTY				
CAUSE OF DEATH				
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) Acute Myelomonocytic Leukemia				
DUE TO, OR AS A CONSEQUENCE OF:				
(b) Hypokalemia				
DUE TO, OR AS A CONSEQUENCE OF:				
(c) 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 checked="" 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?				
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. 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

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

ORIGINAL - VITAL STATISTICS COPY

DATE ISSUED

APR 23 1993

EDWARD J. JOHNSON II,
STATE REGISTRAR

After recording return to: Cynthia Calise, 717 MITCHELL, KLAMATH FALLS, OR 97601

Filed for record at request of

Mountain Title Co

the

29th

day

of April

A.D., 19

93

at

1:31

o'clock

P.M., and duly recorded in Vol.

M93

of

Deeds

on Page

9263

FEE \$10.00

Evelyn Biehn County Clerk

By

Cynthia Calise