

125986

ID. TAG NO.

225

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: Oren Middle: Lewis Last: STOREY		2. SEX M	3. DATE OF DEATH (Month, Day, Year) May 11, 1993
4. SOCIAL SECURITY NUMBER 544 12 2003		5a. AGE Last Birthday (Years) 81	5b. Under 1 Year 5c. Under 1 Day
6. BIRTHPLACE (City and State or Foreign Country) Brownsville, OR		7. DATE OF BIRTH (Month, Day, Year) January 5, 1912	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (if not institution, give street and number) Plum Ridge Care 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) Owner		10b. KIND OF BUSINESS/INDUSTRY ranching & well drilling	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (if Married, Widowed, Divorced) (Specify) LuVina	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 6146 Logan Drive	
14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. ZIP CODE 97603	
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 5+) 12			
17. FATHER - NAME first middle last Alonso - Storey		18. MOTHER - NAME first middle maiden Artabelle - Lewis	
19. INFORMANT - NAME and relationship to decedent LuVina Storey / 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) Eternal Hills Memorial Gardens	
20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James J. Ward</i>		21b. LICENSE NUMBER (Of Licensee) 3409	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, Or. / 97601			
23. DATE FILED (Month, Day, Year) MAY 15 1993		24. REGISTRAR'S SIGNATURE <i>Charlene 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	
27. TIME OF DEATH 1325 M		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, date, place and then in the (house) and manner stated. (Signature) <i>[Signature]</i>		30. DATE SIGNED (Month, Day, Year) 5/13/93	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) John J. Kleeman, MD / 1905 Main Street / Klamath Falls, Oregon / 97601		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) COUNTY	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
34. IMMEDIATE CAUSE OF DEATH (ONLY ONE CAUSE PER LINE FOR (a) AND (b)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.		Interval between onset and death	
(a) <i>Alzheimer's Dementia</i>		4 yrs.	
(b) <i>Coronary Artery D.</i>		3 yrs.	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <i>Polymyoglobinemia, HbS, P.W.D.</i>		Interval between onset and death	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. IF YES, were findings consistent in determining cause of death? <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
41c. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		41d. DESCRIBE HOW INJURY OCCURRED	
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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

DATE ISSUED: MAY 14 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 25th day of May A.D., 19 93 at 2:39 o'clock P.M., and duly recorded in Vol. M93 of Deeds on Page 11877.

FEE \$10.00

Evelyn Biehn County Clerk
By *Connette Mueller*