140071
I.D. TAG NO.

009
Local File Number

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

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Mary; Middle: Gertrude; Last: WIGGINS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 10, 1993
4. SOCIAL SECURITY NUMBER: 544-24-2070
5a. AGE-Last Birthday (Years): 86
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Braxton, MI.
7. DATE OF BIRTH (Month, Day, Year): December 13, 1906
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☒ Other (Specify) Daughters Home
9b. FACILITY NAME (If not institution, give street and number): 2200 Sloan St.
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.): Clerk
10b. KIND OF BUSINESS/INDUSTRY: Retail Sales
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Arthur Wiggins
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 509 North El Dorado St.
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Floyd W. Moak
18. MOTHER - NAME first middle maiden: Josephine - Manning
19. INFORMANT - NAME and relationship to deceased: Arthur Wiggins - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Cemetery
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Hwy. 39, Klamath Falls, OR. 97603
23. DATE FILED (Month, Day, Year): JAN 12 1993
24. REGISTRAR'S SIGNATURE: Charla Robinson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 5:45 A. M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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): C. Rand Hale M.D.
30. DATE SIGNED (Month, Day, Year):

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. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Rand R. Hale M.D. 1000 Pine Street, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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) Coronary Artery Disease Congestive Cardiomyopathy — Interval between onset and death: 3 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(b) Cor Coronary artery disease — Interval between onset and death: 10 years
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Diabetes mellitus, Hypertension
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☐ 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

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED: 1/12/93

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

45-2

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Henderson,Molatore,Klein the 3rd day of June A.D., 19 93 at 1:55 o'clock P.M., and duly recorded in Vol. M93 of Deeds on Page 12749.

Evelyn Biehn County Clerk
By Darlene Mulholland

FEE $10.00

Return:Henderson,Molatore,Klein,426 Main, Klamath Falls,Or.97601