

140071
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

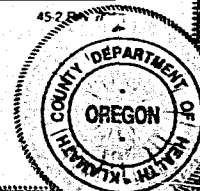
Local File Number

State File Number

1. DECEDENT'S First Name 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 Hours Mins.	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Praxton, MI.		7. DATE OF BIRTH (Month, Day, Year) December 13, 1906
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA		9a. PLACE OF DEATH (Check only one) ☐ 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) 12		17. FATHER - Name first middle last Floyd W. Moak		18. MOTHER - Name first middle maiden Josephine - Manning		19. INFORMANT - Name and relationship to decedent Arthur Wiggins - Spouse	
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			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster		21b. LICENSE NUMBER (Or 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 Charlene Robinson		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A			
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A							
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. Claude Hale M.D.							
30. DATE SIGNED (Month, Day, Year)							
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Rand R. Hale M.D. 1000 Pine Street, Klamath Falls, Oregon 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) Coronary Artery Disease		Congestive Cardiomyopathy					
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 3 weeks					
(b) Cor Coronary artery disease		Interval between onset and death 10 years					
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
PART II (c) 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		38. AUTOPSY ☐ Yes ☒ No		39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A	
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention		41a. DATE OF DEATH (Month, Day, Year)		41b. TIME OF DEATH 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)			

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

DATE ISSUED: _____

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

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

FEE \$10.00
Return: Henderson, Molatore, Klein, 426 Main, Klamath Falls, Or. 97601

Evelyn Biehn County Clerk
By Charlene Robinson