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# OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

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07-14-93P02:55 RCVD

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ID TAG NO.

STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN SERVICES

87-002649

87-9

Local File Number

Vital Records Unit

## CERTIFICATE OF DEATH

State File Number

DECEASED - NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1 Clifford Willis ROSS					2 February 11, 1987	
RACE White, Black, American Indian, etc. (specify)		SEX	AGE - Last birthday (years)		DATE OF BIRTH (month, day, year)	
3 White		4 Male	5a 72		6 October 17, 1914	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME			IF HOSP OR INST. indicate DOA, OP, Emer. Rm., Inpatient (specify)	
7a Lakeview		7b Lake District Hospital			7c Emer. Rm.	
STATE OF BIRTH (if not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		COUNTY OF DEATH
8 Texas		9 USA		10 Married		7d Lake
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)		12 No
13 442-14-4608		14a Edgerman 72.7.2.31		11 Fay Ross		
RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D. ZIP	
15a Oregon		15b Lake	15c Lakeview		15d 975 S. I Street 97630	
FATHER - NAME first middle last		MOTHER - first middle last		INFORMANT - NAME and relationship to deceased		15e Inside City Limits (specify yes or no) 15f Yes
16 James K. Ross		17 Jennie Hay		18 Fay Ross (Wife)		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME				LOCATION city or town state
19a Cremation		19b Klamath Cremation Service				19c Klamath Falls, OR
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY				
20a James Huffstutter's Funeral Chapel 410 Center St. Lakeview, OR 97630						
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH		
21a (Signature) M. Bomengen		21b 2/13/87		21c 9:20P M		
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)						
21d R.W. Bomengen, M.D. 628 N. 1st, Lakeview, Or. ZIP 97630						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
21e						
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR				
22a February 11, 1987		22b (Signature) Sig. Rodman, deputy				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)						
PART I (a) Pending Aspiration Asphyxia		Interval between onset and death				minutes
(b) Esophageal dysphagia		Interval between onset and death				years
(c) Cerebellar degeneration		Interval between onset and death				years
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
24 Chronic cerebellar degeneration		24 YES		25 NO		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED
26a None		26b		26c		26d
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO CITY OR TOWN STATE
26e NO		26f		26g		
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?				
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>				
RESERVED FOR REGISTRAR'S USE						
Item 23a,b,c, added by supplemental, 4/27/87, J. Carney, State Registrar tlb						

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-86

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.

JUN 02 1993

DATE ISSUED

EDWARD J. JOHNSON II, STATE REGISTRAR

STATE OF OREGON,  
County of Klamath ss.

Filed for record at request of:

Mountain Title co

on this 14th day of July A.D., 19 93  
at 2:55 o'clock P.M. and duly recorded  
in Vol. M93 of Deeds Page 16988  
Evelyn Biehn County Clerk  
By Pauline Mulender Deputy.

Fee, \$10.00

State of Oregon  
County of Lake

Reel 18  
File 0637

I hereby certify that the within instrument was received and filed for record on the 23rd day of February 1987 at 2:55 o'clock P.M. and recorded on Page 16988 in book 812 Record of Deeds of said County

County Clerk

By Sharon P. Puster Deputy