

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH094119
I.D. TAG NO.346
Local File Number

State File Number

1. DECEDENT'S NAME Stephen A. ELSEMORE			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) July 23, 1993	
4. SOCIAL SECURITY NUMBER 549-44-0357	5a. AGE-Last Birthday (Years) 58	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Burns, Oregon	7. DATE OF BIRTH (Month, Day, Year) August 27, 1934
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) 5552 Sylvia Street			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.) Log Scaling Supervisor		10b. KIND OF BUSINESS/INDUSTRY Lumber		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SPOUSE (If Married, Widowed, Divorced (Specify) Marjorie L. Elsemore
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 5552 Sylvia Street	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. 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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5) 1
17. FATHER - NAME first middle last Stanley Pino Elsemore			18. MOTHER - NAME first middle maiden Amy Edith Turner		
19. INFORMANT - NAME and relationship to decedent Marjorie L. Elsemore Wife					
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" 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) Klamath Cremation Service		
20c. LOCATION - City or Town, State Klamath Falls, Oregon					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael</i>			21b. LICENSE NUMBER (Of Licensee) 47-3287		
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97603					
23. DATE FILED (Month, Day, Year) JUL 26 1993			24. REGISTRAR'S SIGNATURE <i>Charlene Barcus</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		

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH 10:40 A 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) and manner stated. (Signature) <i>[Signature]</i> M.D.	
30. DATE SIGNED (Month, Day, Year) July 23, 1993	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert Bohnen M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601	
35. 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) 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	

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

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)		Interval between onset and death	
PART I (a)	Large cell lung cancer with metastases	7 months	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. None			
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
THIS IS A TRUE AND EXACT REPORT TO THE PUBLIC HEALTH OFFICE OF THE CLATSOP COUNTY REGISTERAR			
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 <input type="checkbox"/> Homicide <input type="checkbox"/> Sudden Infant Death			
41a. PLACE OF INQUIRY - At home, farm, street, factory, office, etc. (Specify) JUL 26 1993			41b. LOCATION (Street and Number) of Local Registerar's Office CLATSOP COUNTY REGISTERAR CLATSOP COUNTY, OREGON

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marjorie L. Elsemore the 6th day of Aug. A.D. 19 93 at 11:20 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 19514Evelyn Biehn County Clerk
By [Signature]

FEE \$10.00

Return: Marjorie Elsemore, 5552 Sylvia, Klamath Falls, 97603