

CERTIFICATION OF VITAL RECORD

5977
I.D. TAG NO.376
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First Middle Last Lucinda Faye SPICHER		2. SEX F	3. DATE OF DEATH (Month, Day, Year) August 10, 1993
4. SOCIAL SECURITY NUMBER 430-26-2766		5a. AGE Last Birthday (Years) 72	5b. Under 1 Year Mos. Days Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) Cherryvale, Kansas		7. DATE OF BIRTH (Month, Day, Year) September 23, 1920	
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 checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS Married		12. SPOUSE (If Married, Widowed, Divorced (Specify)) Ora E.	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 1868 Ivory Street	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed.) Elementary Secondary (10-12) College (14 or 16+) 12		17. FATHER - NAME first middle last John Franklin Daniel	
18. MOTHER - NAME first middle maiden Jesten Luvenia Stewart		19. INFORMANT NAME and relationship to decedent Ora E. Spicher - Husband	
20a. METHOD OF DISPOSITION <input 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	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</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) AUG 12 1993	
24. REGISTRAR'S SIGNATURE <i>[Signature]</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	

TO BE COMPLETED BY CERTIFYING PHYSICIAN	
27. TIME OF DEATH 2017	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>	
30. DATE SIGNED (Month, Day, Year) August 11, 1993	

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) <i>[Signature]</i>	
33. DATE SIGNED (Month, Day, Year) COUNTY	

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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) Hepatic failure	Interval between onset and death 24 hours
(b) Sepsis	Interval between onset and death 48 hours
(c) Bowel obstruction	Interval between onset and death 15 days

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				
Liposarcoma				
40. 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 Intervention <input type="checkbox"/> Homicide	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		

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ORIGINAL - VITAL STATISTICS COPY

DATE ISSUED: **AUG 12 1993***Charles Barcus*
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ora Spicher
of Aug. A.D. 19 93 at 2:24 o'clock P M., and duly recorded in Vol. M93
of Deeds on Page 20264

FEE \$10.00

Evelyn Biehn County Clerk

Return: Ora Spicher, 1868 Ivory, Klamath Falls, Or. 97603