

## CERTIFICATION OF VITAL RECORD

CENTER FOR HEALTH STATISTICS 138

## CERTIFICATE OF DEATH

State File Number

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1. File Number<br><b>544-42-9330</b>  |  | 2. SEX<br><b>F</b>   |  | 3. DATE OF DEATH (Month, Day, Year)<br><b>August 3, 1993</b>  |  |
| 4. SOCIAL SECURITY NUMBER<br><b>544-42-9330</b>   |  | 5a. AGE-Last Birthday (Years)<br><b>53</b>   |  | 6. BIRTHPLACE (City and State or Foreign Country)<br><b>Monahans, Texas</b>   |  |
| 7. DATE OF BIRTH (Month, Day, Year)<br><b>January 16, 1940</b>  |  | 8. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 9a. PLACE OF DEATH (Check only one)<br><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)<br><b>1741 Wiard Street</b>  |  | 9c. CITY, TOWN, OR LOCATION OF DEATH<br><b>Klamath Falls</b>   |  | 9d. COUNTY OF DEATH<br><b>Klamath</b>   |  |
| 10a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired)<br><b>Supervisor</b>   |  | 10b. KIND OF BUSINESS/INDUSTRY<br><b>Retail Store</b>  |  | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)<br><b>Married</b>  |  |
| 12. SPOUSE (If Married, Widowed)<br><b>George E.</b>  |  | 13a. RESIDENCE - STATE<br><b>Oregon</b>  |  | 13b. COUNTY<br><b>Klamath</b>   |  |
| 13c. CITY, TOWN OR LOCATION<br><b>Klamath Falls</b>   |  | 13d. STREET AND NUMBER<br><b>1741 Wiard Street</b>   |  | 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   |  |
| 15. RACE American Indian, Black, White, etc. (Specify)<br><b>White</b>  |  | 16. DECEDENT'S EDUCATION (Specify only highest grade completed)<br><b>12</b>   |  | 17. FATHER - NAME first middle last<br><b>John - Behne</b>  |  |
| 18. MOTHER - NAME first middle maiden<br><b>Zella Gertrude Steiber</b>  |  | 19. INFORMANT - NAME and relationship to decedent<br><b>George E. - Husband</b>  |  | 20a. METHOD OF DISPOSITION<br><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)<br><b>Klamath Cremation Service</b>   |  | 20c. LOCATION - City or Town, State<br><b>Klamath Falls, Oregon</b>  |  | 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><i>[Signature]</i>   |  |
| 21b. LICENSE NUMBER (Of Licensee)<br><b>3409</b>  |  | 22. NAME, ADDRESS AND ZIP OF FACILITY<br><b>Ward's Klamath Funeral Home, Inc.<br/>1945 Main St., Klamath Falls, OR 97601</b>   |  | 23. DATE FILED (Month, Day, Year)<br><b>AUG 09 1993</b>   |  |
| 24. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>   |  | 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A                |  | 26. WAS GIFT MADE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A  |  |
| 27. TIME OF DEATH<br><b>1900 M</b>  |  | 28. WAS MEDICAL EXAMINER NOTIFIED?<br><input checked="" type="checkbox"/> Yes <input 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.<br>(Signature)<br><i>[Signature]</i>  |  |
| 30. DATE SIGNED (Month, Day, Year)<br><b>August 4, 1993</b>   |  | 31a. TIME OF DEATH<br><b>M</b>   |  | 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)<br><b>M</b>  |  |
| 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.<br>(Signature)<br><i>[Signature]</i>   |  | 33. DATE SIGNED (Month, Day, Year)<br><b>August 4, 1993</b>  |  | 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)<br><b>Robert F. Bohnen, MD, 2610 Uhrmann Road, Klamath Falls, Oregon 97601</b>   |  |
| 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.)<br><b>Adenocarcinoma of colon with metastases</b> |  | Interval between onset and death<br><b>2 1/2 yrs</b>  |  |
| 37. Did tobacco use contribute to the death?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown  |  | 38. AUTOPSY<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 39. If YES were findings considered in determining cause of death?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |  |
| 40. MANNER OF DEATH<br><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<br><b>M</b>   |  |
| 41c. INJURY AT WORK?<br><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)  |  | 41g. LOCATION (Street and Number or Rural Route Number, City or Town, State)   |  | 41h. 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 CLERK OF THE COUNTY OF KLAMATH, OREGON.

45-2 Rev. 7/8

AUG 16 1993

DATE ISSUED:

Charlene Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of George Ferreira the 18th day  
of Aug. A.D., 19 93 at 2:10 o'clock P.M., and duly recorded in Vol. M93  
of Deeds on Page 20636

FEE \$10.00

Return: George Ferreira, 1741 Wiard, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk  
By *[Signature]*