

## CERTIFICATE OF VITAL RECORDS

CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH 138

State File Number

1. DECEASED'S First Middle Last <b>Loella Mary KUCERA</b>			2. SEX <b>F</b>	3. DATE OF DEATH (Month, Day, Year) <b>August 13, 1993</b>
4. SOCIAL SECURITY NUMBER <b>541-09-8587</b>	5a. AGE-Last Birthday (Years) <b>87</b>	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <b>Claude11, KS</b>	7. DATE OF BIRTH (Month, Day, Year) <b>October 21, 1905</b>
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 type="checkbox"/> OTHER <input checked="" 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) <b>3951 Summers Lane</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Sales Clerk</b>			10b. KIND OF BUSINESS/INDUSTRY <b>Farm Equipment Store</b>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>			12. SPOUSE (If Married, Widowed, Divorced (Specify) <b>Charles James</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>		13c. CITY, TOWN OR LOCATION <b>Klamath Falls</b>
13d. STREET AND NUMBER <b>3951 Summers Lane</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 Specify:		
15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		16. DECEASED'S EDUCATION (Specify only highest grade completed) <b>12</b>		
17. FATHER - NAME first middle last <b>John - Alaway</b>				
18. MOTHER - NAME first middle maiden <b>Minnie - Potter</b>				
19. INFORMANT - NAME and relationship to deceased <b>Charles L. Creech, friend</b>				
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) <b>Klamath Cremation Service</b>				
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Falls, OR 97601</b>				
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>William J. Davenport</b>				
21b. LICENSE NUMBER (Of Licensee) <b>47-3104</b>				
22. NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel Of The Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</b>				
23. DATE FILED (Month, Day, Year) <b>AUG 16 1993</b>				
24. REGISTRAR'S SIGNATURE <b>Charlene Barcus</b>				
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 <b>19:00</b>				
28. WAS MEDICAL EXAMINER NOTIFIED? <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. (Signature) <b>James N. Beggs</b>				
30. DATE SIGNED (Month, Day, Year) <b>August 14, 1993</b>				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>James N. Beggs, MD, ME, 2300 Clairmont, Klamath Falls, Oregon 97601</b>				
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) <b>Pneumonia</b>				
DUE TO, OR AS A CONSEQUENCE OF:				
(b)				
DUE TO, OR AS A CONSEQUENCE OF:				
(c)				
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <b>COPD</b>				
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <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 <b>M</b>				
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)				

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

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

45-2 Rev 7/91

DATE ISSUED: **AUG 16 1993**Charlene Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 19th day  
of Aug. A.D., 19 93 at 10:02 o'clock A.M., and duly recorded in Vol. M93  
of Deeds on Page 20697

Evelyn Biehnn County Clerk

By Charles Creech

FEE \$10.00

Return: Charles Creech, 1937 Painter, Klamath Falls, Or. 97601