

CERTIFICATION OF VITAL RECORD

116415
I.D. TAG NO.

363

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME First: <u>Iola</u> Middle: <u>Mae</u> Last: <u>STAFFORD</u>		2. SEX <u>Female</u>	3. DATE OF BIRTH (Month, Day, Year) <u>August 18, 1902</u>		
4. SOCIAL SECURITY NUMBER <u>540-28-3684</u>		5a. AGE Last Birthday (Years) <u>85</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Buckley, Illinois</u>	7. DATE OF DEATH (Month, Day, Year) <u>October 27, 1992</u>
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"/> Outpatient <input type="checkbox"/> IDOA <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) <u>2839 Vermont</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9d. COUNTY OF DEATH <u>Klamath</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Operator - Supervisor</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Bell Telephone</u>		11. MARITAL STATUS: <u>Married</u> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify):	
12a. RESIDENCE - STATE <u>Oregon</u>		12b. COUNTY <u>Klamath</u>		12c. CITY, TOWN OR LOCATION <u>Klamath Falls</u>	
12d. STREET AND NUMBER <u>2839 Vermont</u>		13a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13b. ZIP CODE <u>97603</u>	
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) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) <u>12</u> College (13-16) <u> </u>	
17. FATHER - NAME first middle last <u>Vernon D. Marsh</u>		18. MOTHER - NAME first middle maiden <u>Margaret J. Werden</u>		19. INFORMANT NAME and relationship to decedent <u>Joseph Stafford - Spouse</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input 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) <u>Eternal Hills Crematory</u>		20c. LOCATION: City or Town, State <u>Klamath Falls, Oregon</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jim Lancaster</u>		21b. LICENSE NUMBER (Of Licensee) <u>3224</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Hwy #39/ Klamath Falls, OR 97603</u>	
23. DATE FILED (Month, Day, Year) <u>AUG 24 1992</u>		24. REGISTRAR'S SIGNATURE <u>Charles Robinson</u>		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"/> LIVES <input type="checkbox"/> LINO <input checked="" type="checkbox"/> N/A					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH <u>8:45 A M</u>		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) <u>[Signature]</u>					
30. DATE SIGNED (Month, Day, Year) <u>August 20, 1992</u>					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>F. Geoffrey Marx, MD - 2614 Clover - Klamath Falls, OR 97601</u>					
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) <u>Congestive heart failure</u>		Interval between onset and death <u>1 month</u>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) <u>Congestive Cardiomyopathy</u>		<u>6 years</u>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If yes, was it helpful in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
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 <u>M</u>	
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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DATE ISSUED AUG 24 1992DONNA A. VERLINO
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Joseph Stafford the 16th day of Sept. A.D., 19 93 at 2:00 o'clock P.M., and duly recorded in Vol. M93 of Deeds on Page 23925.

Evelyn Biehne, County Clerk

By [Signature]

FEE \$10.00

Return: Joseph Stafford, 2839 Vermont, Klamath Falls, 97603