

69976

10-19-93P02:57 RCVD

Volume 93 Page 27409

CERTIFICATION OF VITAL RECORD

F 9499
I.D. TAG NO.
334
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136-

| | | | | | |
|---|--|---|--|---|--|
| 1. DECEDENT'S NAME First: <u>Jack</u> Middle: <u>Fourtune</u> Last: <u>WELLS</u> | | 2. SEX <u>M</u> | | 3. DATE OF DEATH (Month, Day, Year) <u>August 1, 1992</u> | |
| 4. SOCIAL SECURITY NUMBER <u>451-24-4338</u> | | 5a. AGE Last Birthday (Years) <u>67</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>Houston, Texas</u> | | 7. DATE OF BIRTH (Month, Day, Year) <u>October 9, 1924</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"/> 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) <u>Merle West Medical Center</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>Insurance Sales</u> | | 10b. KIND OF BUSINESS/INDUSTRY <u>Insurance</u> | | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u> | |
| 12. SPOUSE (If Married, Widowed, Divorced) (Specify) <u>Marilee</u> | | 13a. RESIDENCE - STATE <u>Oregon</u> | | 13b. COUNTY <u>Klamath</u> | |
| 13c. CITY, TOWN OR LOCATION <u>Klamath Falls</u> | | 13d. STREET AND NUMBER <u>310 Nevada Street</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 | | 15. RACE American Indian, Black, White, etc. (Specify) <u>White</u> | | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (14 or 5+) <u>1</u> | |
| 17. FATHER - NAME first middle last <u>Jim Lancaster</u> | | 18. MOTHER - NAME first middle maiden <u>Marilee Wells / Wife</u> | | 19. INFORMANT - NAME and relationship to deceased <u>Marilee Wells / Wife</u> | |
| 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) <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 30 / Klamath Falls, OR</u> | |
| 23. DATE FILED (Month, Day, Year) <u>AUG 07 1992</u> | | 24. REGISTRAR'S SIGNATURE <u>Chula Robinson</u> | | 25. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | |
| 26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | | | | |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN | | | | | |
| 27. TIME OF DEATH <u>1:00 PM</u> | | 28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>US</u> | | | |
| 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>William B. Baker MD</u> | | | | | |
| 30. DATE SIGNED (Month, Day, Year) <u>8/14/92</u> | | | | | |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>William B. Baker, M.D. - 2600 Campus Drive - 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>Cardiogenic Shock</u> | | Interval between onset and death <u>16 hours</u> | | | |
| (b) <u>Acute Myocardial Infarction</u> | | Interval between onset and death <u>16 hours</u> | | | |
| (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. | | Interval between onset and death | | | |
| 34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide | | 35a. DATE OF INJURY (Month, Day, Year) | | 35b. TIME OF INJURY | |
| 35c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 35d. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify) | | 35e. LOCATION (Street and Number or Rural Route Number, City or Town, State) | |
| 36. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | 37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 38. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| RESERVED FOR REGISTRAR'S USE | | | | | |

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL METAL STATISTICS COPY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED AUG 07 1992Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Kosta, Spencer & MacArthur the 19th day
of Oct., A.D., 19 93 at 2:57 o'clock P.M., and duly recorded in Vol. M93
of Deeds on Page 27409.

FEE \$10.00

Return: Kosta, Spencer & MacArthur
439 Pine, Klamath Falls, Or. 97601Evelyn Biehn - County Clerk
By Donna A. Verling