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CERTIFICATION OF VITAL RECORD

G-4183

I.D. TAG NO. 486 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: Lois	Middle: Garnelle	Last: GUECK	2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): October 19, 1993		
4. SOCIAL SECURITY NUMBER: 518 22 1378	5a. AGE-Last Birthday (Years): 76	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Trumbull, NE.	7. DATE OF BIRTH (Month, Day, Year): October 12, 1917	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐Yes ☒No	8a. PLACE OF DEATH (Check only one): HOSPITAL ☐Inpatient ☐ER/Outpatient ☐DOA; OTHER ☐Nursing Home ☐Decedent's Home ☐Other (Specify)					
9a. FACILITY NAME (If not institution, give street and number): Merle West Medical Center	9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	9d. COUNTY OF DEATH: Klamath				
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, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Elwood			
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 6255 Alva Street			
13e. INSIDE CITY LIMITS? ☐Yes ☒No	13f. ZIP CODE: 97603	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒No ☐Yes Specify:	15. RACE American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):		
17. FATHER - NAME first middle last: Alva - Stonecipher	18. MOTHER - NAME first middle maiden: Myrtle - Black	19. INFORMANT - NAME and relationship to deceased: Jay Gueck / Son				
20a. METHOD OF DISPOSITION ☐Mausoleum ☐Burial ☒Cremation ☐Removal from State ☐Donation ☐Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service	20c. LOCATION - City or Town, State: Klamath Falls, Oregon				
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James F. Ward	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): OCT 20 1993	24. REGISTRAR'S SIGNATURE: Evelyn Simonson					
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐YES ☐NO ☐N/A	25. WAS GIFT MADE? ☐YES ☒NO ☐N/A					

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 08:13 M. 28. WAS MEDICAL EXAMINER NOTIFIED? ☐Yes ☒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): Glenn Gallis

30. DATE SIGNED (Month, Day, Year): 10/19/93

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Glenn G. Gallis, MD / 1905 Main Street / Klamath Falls, Oregon / 97601

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

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):

33. DATE SIGNED (Month, Day, Year): COUNTY

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

35. 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) VENTRICULAR FIBRILLATION ASYSTOLE (RESUS CITATED) — Interval between onset and death: 2 Days
DUE TO, OR AS A CONSEQUENCE OF:
(b) ARTHEROSCLEROTIC HEART DISEASE — Interval between onset and death: YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.: CEREBRAL ANOXIA 2° TO ASYSTOLE

37. Did tobacco use contribute to the death? ☐Yes ☐Probably ☒No ☐Unknown
38. AUTOPSY ☐Yes ☒No
39. If YES were findings considered in determining cause of death? ☐Yes ☐No ☐N/A

40. MANNER OF DEATH: ☒Natural ☐Accident ☐Suicide ☐Homicide ☐Pending Investigation ☐Undetermined Manner ☐Legal Intervention

41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
41c. INJURY AT WORK? ☐Yes ☐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 45-2 Rev 7/91

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

DATE ISSUED: OCT 20 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jay Gueck the 22nd day of Oct. A.D., 19 93 at 11:04 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 27707.

FEE $10.00

Evelyn Biehn - County Clerk
By Deanna Mitchinson

Return: Jay Gueck, P.O. Box 728
Klamath Falls, Or. 97601