

CERTIFICATE OF VITAL RECORD

Return to:
Wanda J. Hall OREGON HEALTH DIVISION
 P.O. Box 467 CENTER FOR HEALTH STATISTICS
 Reno, Or. 97627 ATC 01040732

121233
 I.D. TAG NO.
 335
 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
 HEALTH DIVISION
 CENTER FOR HEALTH STATISTICS 136-
 CERTIFICATE OF DEATH

92-015127

State File Number

| | | | |
|---|-------------------------------------|---|---|
| 1. DECEDENT'S First Middle Last NAME Della - PRATTON | | 2. SEX F | 3. DATE OF DEATH (Month, Day, Year) August 5, 1992 |
| 4. SOCIAL SECURITY NUMBER 527-52-8189 | 5a. AGE Last Birthday (Years) 68 | 5b. Under 1 Year Mos. Days Hours Mins | 6. BIRTHPLACE (City and State or Foreign Country) Stroud, OK |
| 7. DATE OF BIRTH (Month, Day, Year) October 26, 1923 | | | |
| 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 checked="" 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) 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) Housewife | |
| 10b. KIND OF BUSINESS/INDUSTRY Homemaking | | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed | |
| 12. SPOUSE (If Married, Widowed, Divorced (Specify) James Pratton | | 13a. RESIDENCE - STATE Oregon | |
| 13b. COUNTY Klamath | | 13c. CITY, TOWN, OR LOCATION Klamath Falls | |
| 13d. STREET AND NUMBER 2125 Darrow Street | | 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) White | | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 3 | |
| 17. FATHER - NAME First middle last Henry - Gates | | 18. MOTHER - NAME First middle maiden Ada - Reed | |
| 19. INFORMANT - NAME and relationship to decedent Wanda Hall, daughter | | 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) Klamath Memorial Park | | 20c. LOCATION - City or Town, State Klamath Falls, OR 97601 | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles Robinson</i> | | 21b. LICENSE NUMBER (Of Licensee) 53-0124 | |
| 22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194 | | 23. DATE FILED (Month, Day, Year) AUG 07 1992 | |
| 24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i> | | 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 | | 27. TIME OF DEATH 13:55 P M | |
| 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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) <i>Sylvia Chatroux</i> | |
| 30. DATE SIGNED (Month, Day, Year) August 5, 1992 | | 31. DATE SIGNED (Month, Day, Year) August 5, 1992 | |
| 32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Sylvia Chatroux, MD, 2300 Clairmont, Klamath Falls, Oregon 97601 | | 33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | |
| 34. 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>Respiratory arrest</u> | | Interval between onset and death | |
| (b) <u>metastatic lung cancer</u> | | Interval between onset and death | |
| (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. | | | |
| 37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 39. H YES were findings considered 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 | |
| 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) | |

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED OCT 18 1993

EDWARD J. JOHNSON II
 STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title co the 26th day of Oct A.D., 19 93 at 3:36 o'clock P.M., and duly recorded in Vol. M93 of Deeds on Page 28162.

Evelyn Biehn - County Clerk

By Dawn S. Williams

FEE \$10.00