

CERTIFICATION OF VITAL RECORD

146965
I.D. TAG NO

488
Local File Number

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

State File Number

- 1. DECEDENT
- 2.
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1. DECEDENT'S - First Name: Tometha Middle: M. Last: HAYDEN		2. SEX: FM	3. DATE OF DEATH (Month, Day, Year): October 17, 1993
4. SOCIAL SECURITY NUMBER: 547-32-1890		5a. AGE Last Birthday (Years): 68	5b. Under 1 Year: Mos. Days
5c. Under 1 Day: Hours: Mins.		6. BIRTHPLACE (City and State or Foreign Country): Laken, Kansas	
7. DATE OF BIRTH (Month, Day, Year): October 20, 1924		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"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9b. PLACE OF DEATH (Check only one): <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
10. FACILITY NAME (If not institution, give street and number): Merle West Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	
12. COUNTY OF DEATH: Klamath		13. MARITAL STATUS: Married	
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Owner / Operator		15. KIND OF BUSINESS/INDUSTRY: Dry Cleaning Service	
16. RESIDENCE - STATE: Oregon		17. RESIDENCE - CITY: Klamath Falls	
18. RESIDENCE - ZIP CODE: 97601		19. RESIDENCE - STREET AND NUMBER: 2611 California	
20. 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		21. RACE American Indian, Black, White, etc. (Specify): White	
22. FATHER - Name first middle last: Thomas - Reagen		23. MOTHER - Name first middle maiden: Eva M. Stewart	
24. 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):		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster		27. LICENSE NUMBER (Of Licensee): 3224	
28. DATE FILED (Month, Day, Year): OCT 20 1993		29. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 4711 Hwy #39/ Klamath Falls, OR 97603	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		31. REGISTRAR'S SIGNATURE: Charles Barcus	
32. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		33. DATE SIGNED (Month, Day, Year): October 18 1993	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles D. Bury, MD - 2300 Clairmont - Klamath Falls, OR 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):			
36. 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. DUE TO, OR AS A CONSEQUENCE OF: (a) Stroke Unknown Natural			
37. 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. DUE TO, OR AS A CONSEQUENCE OF: (b) <input type="checkbox"/> (c) <input type="checkbox"/>			
38. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I: Recent CVA - No Residual			
39. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal <input type="checkbox"/> Homicide <input type="checkbox"/> Intervention		40. DATE OF INJURY (Month, Day, Year):	
41. TIME OF INJURY:		42. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify):		44. DESCRIBE HOW INJURY OCCURRED:	
45. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify):		46. LOCATION (Street and Number or Rural Route Number, City or Town, State):	

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 791

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

OCT 20 1993

DATE ISSUED:

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Glenn Hayden
of Nov. A.D., 19 93 at 2:44 o'clock P.M., and duly recorded in Vol. M93
of Deeds on Page 29961

FEE \$10.00

Return: Glenn Hayden, 2611 California
Klamath Falls, Or. 97601

Evelyn Biehn County Clerk

By Charles Barcus