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(USE PREVIOUS EDITIONS)

623

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION

Vol 93 Page 34730

CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

12-27-93 010126 Rev

1. NAME (Last, First, Middle)
Forrester, Marie

2. SEX
Female

3. DATE OF BIRTH (Month, Day, Year)
December 21, 1993

4. PLACE OF BIRTH (City, State, Country)
Marilla, Missouri

5. DATE OF DEATH (Month, Day, Year)
June 1, 1915

6. PLACE OF DEATH (City, State, Country)
Klamath Falls, Oregon

7. COUNTY OF DEATH
Klamath

8. MARITAL STATUS (Married, Single, Widowed, Divorced)
Married

9. SPOUSE (Last, First, Middle)
Marie Forrester

10. STREET AND ADDRESS
1841 Hope Street

11. CITY, STATE, ZIP CODE
Klamath Falls, Oregon 97603

12. RACE (Specify)
White

13. DECEASED'S EDUCATION (Specify)
8

14. DECEASED'S OCCUPATION (Specify)
None

15. DATE OF DEATH (Month, Day, Year)
DEC 27 1993

16. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?
YES NO X NA

17. TIME OF DEATH (Month, Day, Year)
12:15 A.M.

18. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED.
(Signature) *Steven K. Biddlenar* M.D.

19. DATE SIGNED (Month, Day, Year)
12-22-93

20. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)
Steven K. Biddlenar, 2680 Uhrmann Road, Klamath Falls, Oregon 97601

21. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING (Type or Print)
None

22. 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.)
(a) Cerebral Infarction
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) DUE TO, OR AS A CONSEQUENCE OF:

23. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in PART I.)
None

24. MANNER OF DEATH
Natural ☒ Pending Investigation ☐ Undetermined ☐ Legal Intervention ☐ Suicide ☐ Homicide ☐

25. DATE OF INJURY (Month, Day, Year)
None

26. TIME OF INJURY
None

27. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))
None

28. LOCATION (Street and Number or Rural Route Number, City or Town, State)
None

29. DID THE DEATH OCCUR WHILE THE DECEASED WAS AT WORK?
No ☒ Yes ☐

30. AUTOPSY
Yes ☐ No ☒

31. IF YES, WAS FORENSIC EXAMINATION OR AUTOPSY REQUIRED BY LAW?
Yes ☐ No ☒

32. IF YES, WAS FORENSIC EXAMINATION OR AUTOPSY REQUIRED BY LAW?
Yes ☐ No ☒

33. RESERVED FOR REGISTRAR'S USE

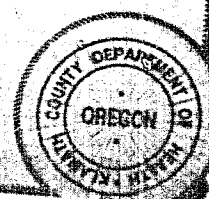
ORIGINAL - VITAL STATISTICS COPY

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

45-2 Rev 7791

DATE ISSUED:

DEC 27 1993

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of
of Dec.

Marie Forrester

A.D., 19 93

at 3:26

o'clock

P M., and duly recorded in Vol. M93

the 27th

day

FEE \$10.00

Return: Marie Forrester, 1841 Hope,
Klamath Falls, Or. 97603Evelyn Biehn - County Clerk
By *Pauline Millender*