CERTIFICATION OF VITAL RECORDS

36623

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PERMANENT BLACK INK

146992 I.D. TAG NO.

569 Local File Number

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

138 State File Number

12-29-93P02:04 RCVD

DECEDENT

1. DECEDENT'S NAME: First: Darle; Middle: Eugene; Last: HELMERS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 2, 1993
4. SOCIAL SECURITY NUMBER: 474-32-7972
5a. AGE (Last Birthday) (Years): 60
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Iowa
7. DATE OF BIRTH (Month, Day, Year): September 2, 1933
8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8b. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ 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): Landlord
10b. KIND OF BUSINESS/INDUSTRY: Real Estate Rentals
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Rose Helmers
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5159 Highway 97 North
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1 to 8 +):

PARENTS

17. FATHER - NAME: first, middle, last: Robert Johnson Helmers
18. MOTHER - NAME: first, middle, maiden: Helen - Engholm
19. INFORMANT - NAME and relationship to deceased: Rose Helmers - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Earl Albert
21b. LICENSE NUMBER (Or Licensee): 93-49-1363
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Highway 39 Klamath Falls, Oregon 97603
23. DATE FILED (Month, Day, Year): DEC 03 1993
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 6:50 A.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)
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 6:50 A.M.
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): December 2, 1993 6:50 A.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): Charles D Bury M.D.
33. DATE SIGNED (Month, Day, Year): Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles D. Bury M.D. 2300 Clairmont Drive Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

CAUSE OF DEATH

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.
PART I (a) Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF: (b) ASHD
DUE TO, OR AS A CONSEQUENCE OF: (c)
Interval between onset and death: (a) 2 hrs. (b) 4 yrs. (c)
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? ☐ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. Was case referred to medical examiner? ☐ Yes ☐ No

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: DEC 03 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Rose Helmers the 29th day of Dec. A.D., 19 93 at 2:04 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 35152.

Evelyn Biehn County Clerk
By Darlene Mullendore

FEE $10.00

Return: Rose Helmers, 5159 Hwy 97 North
Klamath Falls, Or. 97601