MTC 3884-HF

73655

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol. M93 Page 35270

12-30-93A09:24 RCVD

TYPE OR PRINT IN PERMANENT BLACK INK

087884 — I.D. TRACT NO.

493 — Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136- 91-024605 — State File Number

1. DECEDENT'S NAME: First: Clarence; Middle: Loraine; Last: PRICE
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 28, 1991
4. SOCIAL SECURITY NUMBER: 544-09-6447
5a. AGE - Last Birthday (Years): 81
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Salvensburg, Kansas
7. DATE OF BIRTH (Month, Day, Year): August 16, 1910
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): 403 Nosler St. - At Home
9b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9c. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Timber Safety
10b. KIND OF BUSINESS/INDUSTRY: Weyerhauser Lumber Co.
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Nina E.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 403 Nosler
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): 12; College (1-4 or 5+):
17. FATHER - NAME, First, middle, last: Clarence W. Price
18. MOTHER - NAME, First, middle, maiden: Anna E. Mooney
19. INFORMANT - NAME and relationship to deceased: Nina Price - Wife
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b. LICENSE NUMBER (If any): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Hwy #39/ Klamath Falls, Ore. 97603
23. DATE FILED (Month, Day, Year): DEC 31 1991
24. REGISTRAR'S SIGNATURE: Darcy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSIDERATION? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 9:20p.
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): Carol Fellows MD
30. DATE SIGNED (Month, Day, Year): 12 30 91

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH:
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print): Carol Fellows, MD - 2510 Uhrmann - Klamath Falls, Ore. 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

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) Adenocarcinoma of the prostate, metastatic — Interval between onset and death: 4 yrs
DUE TO, OR AS A CONSEQUENCE OF: (b)
DUE TO, OR AS A CONSEQUENCE OF: (c)
PART II: OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I.
37. Did tobacco use contribute to death? ☐ Yes ☐ No ☐ Probably ☒ Unk
38. AUTOPSY ☐ Yes ☒ No
39. Was decedent pregnant within past year? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined ☐ Other ☐ 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

Return: Nina E Price, 403 Nosler St., Klamath Falls, OR 97601

ORIGINAL - VITAL STATISTICS COPY

45-2 REV 3-90

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: DEC 28 1993

Edward L. Johnson II
EDWARD L. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 30th day of December A.D., 19 93 at 9:24 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 35270.

EVELYN BIEHN County Clerk
By Darlene Mullendore

FEE $10.00