

86962

Vol. M94 Page 26877

PRINT IN PERMANENT BLACK INK

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

156673
I.D. TAG NO.
007
Local File Number

State File Number

UB-29-94A10:47 RCVD

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1. DECEDENT'S First Name Edgar		Middle Folger		Last DOWNING		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) January 4, 1994
4. SOCIAL SECURITY NUMBER 555-50-9985		5. AGE (Years) 86	6. BIRTH PLACE (City and State or Foreign) Stoga, CA	7. DATE OF BIRTH (Month, Day, Year) February 27, 1907			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOME <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OCCIDENT'S HOME <input type="checkbox"/> OTHER (Specify)		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		11. COUNTY OF DEATH Klamath	
12. FACILITY NAME (if not institution, street and number) Clairmont Nursing Center		13. DECEASED'S USUAL OCCUPATION (Give kind of work done during last 12 months) Farmer		14. KIND OF BUSINESS/INDUSTRY Agriculture		15. MARITAL STATUS - Married 16. SPOUSE (If Married, Widowed, Divorced) (Specify) Anna Lucile	
17. RESIDENCE - STATE Oregon		18. CITY Klamath Falls		19. STREET AND NUMBER P.O. Box 68 (Morine Avenue)			
20. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. ZIP CODE 97623		22. WAS DECEDENT OF PANIC ORIGIN? (Specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		23. RACE White	
24. FATHER'S Name First Middle Last Foreman M. Downing		25. MOTHER'S Name First Middle Maiden Neil - Patrick		26. INFORMANT Name and relationship to deceased Anna L. Downing, wife		27. LOCATION City or Town, State Bonanza, OR 97623	
28. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from state <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		29. SIGNATURE OF FUNERAL SERVICE PERSON ACTING AS SUCH <i>Shilman J. ...</i>		30. LICENSE NUMBER (Of License) 47-3104		31. NAME, ADDRESS AND ZIP OF FACILITY of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
32. DATE FILED (Month, Day, Year) JAN 05 1994		33. DID HOSPITAL REPRESENTATIVE REQUEST FOR ANATOMY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		34. GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		35. WAS DECEASED MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
36. TO BE COMPLETED BY IDENTIFYING PHYSICIAN 37. TIME OF DEATH 01:25 AM		38. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 39. TIME OF DEATH M		40. DATE PRONOUNCED DEAD (Month, Day, Year) M		41. SIGNATURE <i>Reineth K. Magée</i>	
42. DATE SIGNED (Month, Day, Year) January 4, 1994		43. NAME, TITLE, ADDRESS AND ZIP OF PHYSICIAN Reineth K. Magée, MD, 1900 Main Street, Klamath Falls, Oregon 97601		44. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) et, Klamath Falls, Oregon 97601		45. SIGNATURE <i>Reineth K. Magée</i>	
46. IMMEDIATE CAUSE (ENTER ONLY ONE) Cerebral Vascular Accident		47. INTERMEDIATE CAUSE (ENTER ONLY ONE) Atherosclerotic Vascular Disease		48. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death		49. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Legal Intervention	
50. MANNER OF DEATH		51. PLACE OF INJURY (At home, business, etc.) (Specify)		52. TIME OF INJURY (Date, Day, Year)		53. DESCRIBE HOW INJURY OCCURRED	
54. MANNER OF DEATH		55. PLACE OF INJURY (At home, business, etc.) (Specify)		56. TIME OF INJURY (Date, Day, Year)		57. DESCRIBE HOW INJURY OCCURRED	

After Recording Return to: Lay Offices of Giacomini and Knleps
705 Main Street
Klamath Falls, OR, 97601



THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLERK OF THE COUNTY REGISTER.

DATE ISSUED: **JAN 15 1994**

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.
Filed for record at request of Klamath County Title Co the 29th day of Aug, A.D., 19 94 at 10:47 o'clock AM, and duly recorded in Vol. M94 of deeds on Page 26877
Evelyn Biehn County Clerk
By *Pauline Mullendorfe*

FEE \$10.00