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09-15-94A10:52 RCVD

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CERTIFICATION OF VITAL RECORD

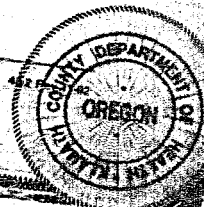
156765
I.D. TAG NO.
390
Local File Number

K-40055
OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136

1. DECEDENT'S NAME: **William Gomez**
2. SEX: **Male**
3. DATE OF DEATH (Month, Day, Year): **September 3, 1994**
4. SOCIAL SECURITY NUMBER: **568-30-6585**
5. AGE (Last Birthday): **65**
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? **No**
7. DATE OF BIRTH (Month, Day, Year): **March 17, 1929**
8. BIRTHPLACE (City and State or Foreign): **Santa Clara, CA**
9. PLACE OF DEATH (Check only one): **Other (Specify)**
10. FACILITY NAME (If not institution, give street and number): **Merle West Medical Center**
11. MARITAL STATUS: **Divorced**
12. SPOUSE (If Married, Widowed, Divorced (Specify))
13. RESIDENCE - STATE: **Oregon**
13a. INSIDE CITY LIMITS? **No**
13b. ZIP CODE: **97624**
14. KIND OF BUSINESS/INDUSTRY: **Transportation**
15. CITY, TOWN, OR LOCATION OF DEATH: **Klamath Falls**
16. COUNTY OF DEATH: **Klamath**
17. FATHER - NAME: **Antonio Fuentes Gomez**
18. MOTHER - NAME: **Dolores Lopez**
19. RACE: **Hispanic**
20. METHOD OF DISPOSITION: **Cremation**
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: **William J. Dawson**
22. DATE FILED (Month, Day, Year): **SEP 07 1994**
23. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? **No**
24. NAME, ADDRESS AND ZIP OF FACILITY: **Klamath Falls, OR 97601**
25. NAME, ADDRESS AND ZIP OF PLACE OF DEATH: **of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194**
26. SIGNATURE OF REGISTRAR: **Janet Bailey**
27. TIME OF DEATH: **03:34 A.M.**
28. WAS MEDICAL EXAMINER NOTIFIED? **Yes**
29. DATE SIGNED (Month, Day, Year): **September 6, 1994**
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN: **Lawrence Cohen, MD, Chiloquin Medical Center, Chiloquin, Oregon 97624**
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): **F. Graydon Thorne, MD, ER**
32. 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) **ACUTE MYOCARDIAL INFARCTION**
(b) **HYPERTENSION**
(c) **OTHER SIGNIFICANT CONDITIONS**
33. MANNER OF DEATH: **Natural**
34. DATE OF INJURY (Month, Day, Year):
35. TIME OF INJURY:
36. INJURY AT WORK? **No**
37. PLACE OF INJURY: **At home, farm, street, factory, office, building etc. (Specify)**
38. DESCRIBE HOW INJURY OCCURRED:
39. LOCATION (Street and Number or Rural Route Number, City or Town, State):

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

ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: **SEP 07 1994**Janet Bailey
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of **Sept** **A.D.**, 19 **94** at **10:52** o'clock **AM.**, and duly recorded in Vol. **M94** day **15th** of **Deeds** on Page **29035**

FEE \$10.00

Return: Russell Gomez, P.O. Box 793
Chiloquin, Or. 97624By **Evelyn Biehn** County Clerk