CERTIFICATION OF VITAL RECORD

38853 09-27-94P03:19 RCVD

Vol M94 Page 30360

TYPE OR PRINT IN PERMANENT BLACK INK

094910 I.D. TAG NO.

407 Local File Number

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

136 State File Number

DECEDENT

1. DECEDENT'S NAME: First: Martha; Middle: Jane; Last: MOHR
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 18, 1994
4. SOCIAL SECURITY NUMBER: 551-18-9620
5a. AGE-Last Birthday (Years): 78
5b. Under 1 Year: Months / Days / Hours / Mins.
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Santa Rosa, CA
7. DATE OF BIRTH (Month, Day, Year): March 24, 1916
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
8. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ Emergency/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.): Secretary
10b. KIND OF BUSINESS/INDUSTRY: Medical Office
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Lowell Mohr
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5219 Barry Avenue
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify
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+):

PARENTS

17. FATHER - NAME first middle last: Lee William Wright
18. MOTHER - NAME first middle maiden: Irene Martha Freshour
19. INFORMANT - NAME and relationship to deceased: Lowell Mohr 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): Santa Rosa Memorial Park
20c. LOCATION - City or Town, State: Santa Rosa, California

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James D Riggs
21b. LICENSE NUMBER (Of Licensee): CO-3572
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): SEP 20 1994
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: 11:01 AM
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): Randal A Machado M.D.
30. DATE SIGNED (Month, Day, Year): 9/20/94

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER MEDICAL EXAMINER (Type or Print): Randal A. Machado M.D. 1905 Main Street Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

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) Pulmonary Embolus — Interval between onset and death: Minutes and Hours
DUE TO, OR AS A CONSEQUENCE OF:
(b) Deep Veins Thrombus — Interval between onset and death: Days
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

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. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

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: M
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

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 20 1994

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of Lowell Mohr of Sept A.D., 19 94 at 3:19 o'clock PM., and duly recorded in Vol. M94 of Deeds on Page 30360.

FEE $10.00

Evelyn Biehn County Clerk
By Darlene Mullendore

Return: Lowell Mohr, 5219 Barry, Klamath Falls, Or. 97603