

89054

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

G-4104

I.D. TAG NO.

428

Local File Number

10-03-24A09-25 RCVD

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

Vol. m94 Page 30758

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LASTCAUSE OF  
DEATH

1. DECEDENT'S NAME First: George Middle: Edward Last: MILLER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) September 27, 1994
4. SOCIAL SECURITY NUMBER 234-22-9873		5. AGE (Years) 76	6. BIRTHPLACE (City and State or Foreign Country) Duquesne, PA
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hosp <input type="checkbox"/> AL <input type="checkbox"/> patient <input type="checkbox"/> EPO <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during life if of no wage life) Professor		12. SPOUSE (If Married, Widowed, Divorced (Specify)) Gladys	
13. RESIDENCE - STATE Oregon		14. STREET AND NUMBER 5901 Southgate Drive	
15. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. ZIP CODE 97603	
17. FATHER - NAME first middle last Samuel - Miller		18. MOTHER - NAME first middle maiden Regina Wer tenges	
19. METHOD OF DISPOSITION (Check one) <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
21. SIGNATURE OF FUNERAL SERVICE PERSON ACTING AS SUCH <i>[Signature]</i>		22. NAME ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year) SEP 29 1994		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. DID HOSPITAL REPRESENTATIVE ASK FOR ANATOMICAL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT, MALE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
27. TIME OF DEATH 23:32		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. To the best of my knowledge, death occurred due to the cause(s) and manner stated (Signature) <i>[Signature]</i>		30. DATE SIGNED (Month, Day, Year) 7/25/94	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN Wendy Warren, MD 1905 Main, Klamath Falls, OR 97601		32. DATE SIGNED (Month, Day, Year) 7/25/94	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c), (d) (3) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest	
(a) Lower Gastrointestinal Bleeding		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
35. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I		36. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. DATE OF INJURY (Month, Day, Year) 40. TIME OF INJURY 41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. DESCRIBE HOW INJURY OCCURRED	
43. PLACE OF INJURY - At home, farm, street, factory, office, etc. (Specify)		44. 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 29 1994

JANET BAILEY  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Gladys Miller  
of Oct A.D. 19 94 at 9:25 o'clock A.M., and duly recorded in Vol. M94  
of Leeds on Page 30758

FEE \$10.00

Return: Gladys Miller, 5901 Southgate, Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk

By *[Signature]*