CERTIFICATION OF VITAL RECORD

90048

TYPE OR PRINT IN PERMANENT BLACK INK

10-24-94 02:21 RCVD

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G-4083

ID TAG NO.

452

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: Margaret; Middle: —; Last: LEGG
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 16, 1994
4. SOCIAL SECURITY NUMBER: 518 18 9268
5a. AGE-Last Birthday (Years): 72
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Yakima, Washington
7. DATE OF BIRTH (Month, Day, Year): April 16, 1922
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐Yes ☐No
9a. PLACE OF DEATH (Check only one): ☐DOA ☐OTHER (Specify) ☐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.): Checker
10b. KIND OF BUSINESS/INDUSTRY: Super Market
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed or Divorced): Tom
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5547 Avalon
13e. INSIDE CITY LIMITS? ☐Yes ☐No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (No or Yes - If yes, specify Mexican, Puerto Rican, etc.): (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: Oather - Broaddus
18. MOTHER - NAME - first middle maiden: Veronic[illegible] - Hranak

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Sandra West / Daughter
20a. METHOD OF DISPOSITION: ☐Burial ☒Cremation ☐Removal from State ☐Donation ☐Other (Specify) ☐Mausoleum
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. [illegible]
21b. LICENSE NUMBER (Month, Day, Year): 3109
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): OCT 18 1994
24. REGISTRAR'S SIGNATURE: Evelyn Simonsen
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT? ☐YES ☒NO ☐N/A
26. WAS GIFT MADE? ☐YES ☒NO ☐N/A

TIME

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 16:25
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): [signature]
30. DATE SIGNED (Month, Day, Year): 10-18-94
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Type or Print): Tom Etges, MD 1905 Main St., Klamath Falls, OR 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATED ON LINE (a). ENTER UNDERLYING CAUSE LAST.

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Pneumonia
DUE TO, OR AS A CONSEQUENCE OF: (b) End Stage COPD
DUE TO, OR AS A CONSEQUENCE OF: (c) Tobacco Dependence
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I

Interval between onset and death: (a) (b) (c)

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 ☐Could not be ascertained ☐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, 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: OCT 18 1994

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY DEPARTMENT OF HEALTH OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sandra West
of Oct A.D., 19 94 at 2:21 o'clock P.M., and duly recorded in Vol. M94 the 24th day
of Deeds on Page 33002.

FEE $10.00

Evelyn Biehn, County Clerk
By Pauline Vanderdasson

Return: Sandra West, 5547 Avalon, Klamath Falls, 97603