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I.D. TAG NO.

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Local File Number

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

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136

State File Number

DECEDENT

1. DECEDENT'S NAME: First Lillian Middle Winifred Last HAYDEN

2. SEX: Female

3. DATE OF DEATH (Month, Day, Year): September 5, 1994

4. SOCIAL SECURITY NUMBER: 544-18-4272

5a. AGE-Last Birthday (Years): 70

5b. Under 1 Year: Mos. Days Hours Mins.

6. BIRTHPLACE (City and State or Foreign): Astoria, Oregon

7. DATE OF BIRTH (Month, Day, Year): August 24, 1924

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one): ☐ HOSPITAL ☐ Inpatient ☐ EROutpatient ☐ LOA ☒ OTHER ☐ Nursing Home ☐ Decedent's Home ☒ Other (Specify): Foster Care

9b. FACILITY NAME (If not institution, give street and number): Comfort Haven Residential Care Home

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.): Bookkeeper

10b. KIND OF BUSINESS/INDUSTRY: Accounting

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widowed, Divorced (Specify): Dale Hayden

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 1506 McClellan Drive

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.) ☐ Yes ☒ No

15. RACE American Indian, Black, White, etc. (Specify): White

16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (8-12)

17. FATHER - NAME first middle last: Luke Martin Zankich

18. MOTHER - NAME first middle maiden: Margarita - Avilana

19. INFORMANT - NAME and relationship to decedent: Dale Hayden Spouse

20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify): Eternal Hills Crematory

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory

20c. LOCATION - City or Town, State: Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]

21b. LICENSE NUMBER (Of Licensee): 3588

22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home
4711 Highway 39 Klamath Falls, Oregon 97603

23. DATE FILED (Month, Day, Year): SEP 07 1994

24. REGISTRAR'S SIGNATURE: [Signature]

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

REGISTRAR

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 11:15 a.m.

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): Ralph Breitenstein M.D.

30. DATE SIGNED (Month, Day, Year): 9-6-94

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Ralph Breitenstein M.D. 2622 Campus Drive Klamath Falls, Oregon 97601

32. 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): COUNTY:

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.)

(a) cerebral vascular accident Interval between onset and death: 1 hr

(b) Interval between onset and death:

(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 ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide

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, office building etc. (Specify):

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

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ORIGINAL-VITAL STATISTICS COPY

SEP 07 1994

DATE ISSUED:

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dale Hayden the 13th day of Dec A.D., 19 94 at 2:34 o'clock P M., and duly recorded in Vol. M94 of Deeds on Page 37687.

FEE \$10.00

Ret: Dale Hayden, 1506 McClellan Dr. Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk
By [Signature]