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TYPE OR
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PERMANENT
BLACK INK194593
I.D. TAG NO.
263
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: Norma Middle: Jean Last: HALL		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) June 5, 1995	
4. SOCIAL SECURITY NUMBER 540 - 32 - 1522		5a. AGE Last Birthday (Years) 64		5b. Under 1 Year Mos: Days: Hours: Mins:	
6. BIRTH PLACE (City and State or Foreign Country) Lakeview, Oregon		7. DATE OF BIRTH (Month, Day, Year) June 24, 1930			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> At home <input type="checkbox"/> In hospital <input type="checkbox"/> In nursing home <input type="checkbox"/> In prison <input type="checkbox"/> In 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	
10. COUNTY OF DEATH Klamath					
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home		11. MARITAL STATUS - Married	
12. SPOUSE (If Married, Widowed, Divorced (Specify)) Anthony Hall					
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 5419 Primrose Lane					
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 College (14 or 5+)	
17. FATHER - NAME first middle last Gordon - Pemberton		18. MOTHER - NAME first middle maiden Evelyn - Viers		19. INFORMANT - NAME and relationship to deceased Anthony Hall - Spouse	
20. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		20a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory		20b. LOCATION - City or Town - State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING IN SUCH CAPACITY <i>[Signature]</i>		21b. LICENSE NUMBER (Or Licensee) 3588		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, OR. 97603	
23. DATE FILED (Month, Day, Year) JUN 07 1995		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>27. TIME OF DEATH 2:00 p.m. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>[Signature]</i> M.D.</p> <p>30. DATE SIGNED (Month, Day, Year) 6-6-95</p> <p>34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Steven K. Bidleman M.D. 2680 Uhrmann Road Klamath Falls, Oregon 97601</p> <p>35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p> </div> <div style="width: 48%;"> <p>TO BE COMPLETED ONLY BY MEDICAL EXAMINER</p> <p>31a. TIME OF DEATH M</p> <p>31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M</p> <p>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) <i>[Signature]</i></p> <p>33. DATE SIGNED (Month, Day, Year) COUNTY</p> </div> </div>					
<p>CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST</p> <p>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)</p> <p>PART I (a) Subarachnoid Hemorrhage Interval between onset and death 2 days</p> <p>DUE TO, OR AS A CONSEQUENCE OF:</p> <p>(b) Hyperlipidemia Interval between onset and death</p> <p>DUE TO, OR AS A CONSEQUENCE OF:</p> <p>(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.</p> <p>37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No</p> <p>38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide</p> <p>41a. DATE OF INJURY (Month, Day, Year)</p> <p>41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41d. DESCRIBE HOW INJURY OCCURRED</p> <p>41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)</p> <p>41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)</p>					
<p>RESERVED FOR REGISTRAR'S USE</p> <p>THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.</p> <p>ORIGINAL-VITAL STATISTICS COPY</p> <p>DATE ISSUED: JUN 07 1995</p> <p><i>[Signature]</i> JANET BAILEY-GOBER COUNTY REGISTRAR KLAMATH COUNTY, OREGON</p>					

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Anthony Hall the 14th day of June A.D., 19 95 at 1:34 o'clock P M., and duly recorded in Vol. 15659 of Deeds on Page 15659

RETURN: Anthony Hall
5419 Primrose Ln
K Falls, Or 97601

FEE \$10.00

By *[Signature]* Bernetha G. Leach, County Clerk