2024

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

06-26-95A11:31 RCVD

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ENT IK 194084 I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136.
CERTIFICATE OF DEATH

Local File Number | State File Number

1 DECEDENT'S NAME: First Larry; Middle Robert; Last PAYN
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): May 18, 1995
4 SOCIAL SECURITY NUMBER: 566 50 5456
5a AGE-Last Birthday (Years): 59
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Detroit, Michigan
7 DATE OF BIRTH (Month, Day, Year): November 4, 1935
8a WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
8b PLACE OF DEATH (Check only one): [X] Hospital: Inpatient [ ] ER/Outpatient [ ] DOA; [ ] Other: Nursing Home [ ] Decedent's Home [ ] Other (Specify)
9a FACILITY NAME (If not institution, give street and number): DEPT OF VETERANS AFFAIRS MEDICAL CENTER
9c CITY, TOWN, OR LOCATION OF DEATH: PORTLAND
9d COUNTY OF DEATH: MULTNOMAH
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Seaman Apprentice
10b KIND OF BUSINESS/INDUSTRY: U.S. Navy
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Beverly
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 1845 Portland St.
13e INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] 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): 11; College (1-4 or 5+):
17 FATHER - NAME first middle last: - Payn
18 MOTHER - NAME first middle maiden: June Bolobas
19 INFORMANT - NAME and relationship to deceased: Beverly Ann Payn-wife
20a METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Willamette Crematory
20c LOCATION - City or Town, State: Tigard, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NUMBER (Of Licensee): 3312
22 NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home 1945 Main St. Klamath Falls, OR. 97601
24 REGISTRAR'S SIGNATURE
23 DATE FILED (Month, Day, Year): MAY 26 1995
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [ ] NO [X] N/A
26 WAS GIFT MADE? [ ] YES [ ] NO [X] N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 1020 A M
28 WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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): Hulka
30 DATE SIGNED (Month, Day, Year): 5/19/95
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): FRIEDA Hulka, MD
PORTLAND VA MEDICAL CENTER
3710 SW US VETERANS HOSPITAL ROAD
PORTLAND, OR 97207
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): PASALA RAVICHANDRAN, MD

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH: M
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
PART I (a) Probable Pulmonary Embolus — Interval between onset and death: 20-30 mos
DUE TO, OR AS A CONSEQUENCE OF:
(b) Anoxic Brain Injury — Interval between onset and death: 2 months
DUE TO, OR AS A CONSEQUENCE OF:
(c) Coronary Artery Disease — Interval between onset and death: 16 years
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? [X] Yes [ ] Probably [ ] No [ ] Unknown
38 AUTOPSY: [ ] Yes [X] No
39 If YES, were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A

40 MANNER OF DEATH: [X] 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, St.

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

MEDICAL EXAMINER'S COPY

45-2 Rev 11

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED MAY 26 1995

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of _____ the 26th day of June A.D., 19 95 at 11:31 o'clock A M., and duly recorded in Vol. M95, of Deeds on Page 16636.

Bernetha G. Letsch, County Clerk

By Annette Mueller

FEE $10.00