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Vol. M95 Page 17507TYPE OR  
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PERMANENT  
BLACK INK194601  
I.D. TAG NO.283  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME First: <u>Gerald</u> Middle: <u>Veart</u> Last: <u>HANEY</u>		2 SEX <u>Male</u>	3 DATE OF DEATH (Month, Day, Year) <u>June 12, 1995</u>		
4. SOCIAL SECURITY NUMBER <u>540-36-3205</u>		5a. AGE Last Birthday (Years) <u>60</u>	5b. Under 1 Year Mos. <u>  </u> Days <u>  </u> Hours <u>  </u> Mins <u>  </u>	6 BIRTHPLACE (City and State or Foreign) <u>Pullman, WA.</u>	7 DATE OF BIRTH (Month, Day, Year) <u>June 22, 1934</u>
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u>  </u>			
9b. FACILITY NAME (If not institution, give street and number) <u>6322 Dennis</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9d. COUNTY OF DEATH <u>Klamath</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Log Truck Driver</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Weyerhaeuser Lumber Co.</u>		11. MARITAL STATUS - <u>Married</u> Never Married, Widowed, Divorced (Specify)	
12 SPOUSE (If Married, Widowed) <u>Dorothy</u>		13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>6322 Dennis</u>		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 Specify <u>  </u>	
15 RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (1-8) <u>  </u> Secondary (9-12) <u>12</u> College (14 or 5+) <u>  </u>		17 FATHER - NAME first middle last <u>Earl R. Haney</u>	
18 MOTHER - NAME first middle maiden <u>Gazel E. Rosenkranz</u>		19 INFORMANT - NAME and relationship to deceased <u>Dorothy Haney - Spouse</u>		20a. 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) <u>  </u>	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, OR.</u>		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jim Lancaster</u>	
21b. LICENSE NUMBER (Of Licensee) <u>3224</u>		22 NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Hwy #39 / Klamath Falls, OR 97603</u>		23. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
24. DATE SIGNED (Month, Day, Year) <u>JUN 15 1995</u>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. TO BE COMPLETED BY CERTIFYING PHYSICIAN	
27. TIME OF DEATH <u>11:00 P M</u>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29. TO the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated. (Signature) <u>Jon G. McKellar</u>	
30. DATE SIGNED (Month, Day, Year) <u>6/14/95</u>		31. TO BE COMPLETED ONLY BY MEDICAL EXAMINER		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated. (Signature) <u>Ludwig Simonson</u>	
33. DATE SIGNED (Month, Day, Year) <u>6/14/95</u>		34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Jon G. McKellar, MD - 2300 Clairmont - Klamath Falls, OR 97601</u>		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>	
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)		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
39. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		40. 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"/> Legal <input type="checkbox"/> Homicide <input type="checkbox"/> Intervention		41a. DATE OF INJURY (Month, Day, Year) <u>  </u>	
41b. TIME OF INJURY <u>  </u>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED <u>  </u>	
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u>  </u>		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>		42. THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR	
43. ORIGINAL VITAL STATISTICS COPY		44. DATE ISSUED: <u>JUN 20 1995</u>		45. STATE OF OREGON: COUNTY OF KLAMATH: ss.	

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:

JUN 20 1995

Janet Bailey-Gober  
JANET BAILEY GOBER  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGONFiled for record at request of Dorothy Haney the 5th day  
of July A.D. 19 95 at 3:48 o'clock P M., and duly recorded in Vol. M95  
of Deeds on Page 17507  
Ret: Dorothy Haney Bernetha G. Letsch County Clerk  
6322 Dennis By Janet Bailey-Gober  
Klamath Falls, OR 97603

FEE \$10.00