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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 138

State File Number

1. DECEDENT'S NAME First <u>Almer</u> Middle <u>L.</u> Last <u>Anderson</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>June 28, 1995</u>
4. SOCIAL SECURITY NUMBER <u>536-03-4455</u>	5a. AGE Last Birthday (Years) <u>85</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u>	5c. Under 1 Day Hours <u> </u> Mins <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Benson, N.D.</u>		7. DATE OF BIRTH (Month, Day, Year) <u>July 20, 1909</u>	
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 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>			
9b. FACILITY NAME (If not institution, give street and number) <u>4480 Memorie Lane</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>Green Chain Puller</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Lumber</u>	
11. MARITAL STATUS <u>Married</u>		12. SPOUSE (If Married, Widowed, Divorced) (Specify) <u>Nadine Anderson</u>	
13a. RESIDENCE STATE <u>Oregon</u>		13b. CITY, TOWN OR LOCATION <u>Klamath Falls</u>	
13c. STREET AND NUMBER <u>4480 Memorie Lane</u>			
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. ZIP CODE <u>97603</u>	
16. 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>		17. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (1-8) <u>12</u> Secondary (9-12) <u> </u> College (13 or 14) <u> </u>			
19. FATHER NAME first middle last <u>Elmer C. Anderson</u>		20. MOTHER NAME first middle maiden <u>Lula - Robbins</u>	
21. INFORMANT NAME and relationship to deceased <u>Nadine Anderson - Wife</u>			
22. 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>		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u>	
24. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>			
25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Dale A. Rudd</u>		26. LICENSE NUMBER (Of Licensee) <u>3588</u>	
27. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u>		28. ADDRESS AND ZIP OF FACILITY <u>4711 Highway 39 Klamath Falls, Oregon 97603</u>	
29. DATE FILED (Month, Day, Year) <u>JUL 11 1995</u>		30. REGISTRAR'S SIGNATURE <u>Janet Bailey-Huber</u>	
31. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		32. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
33. TIME OF DEATH <u>10:08 a.m.</u>		34. VIA MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <u>F. V. Rudd M.D.</u>			
36. DATE SIGNED (Month, Day, Year) <u>7/10/95</u>			
37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Francis V. Rudd M.D. 2624 Campus Drive Klamath Falls, Oregon 97601</u>			
38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			
39. 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) <u>Transitional Cell Ca of Prostate Gland</u>		Interval between onset and death <u>1 yr.</u>	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u> </u>	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u> </u>	
40. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I.			
41. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		42. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. Did any findings concerning determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
44. 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		45. DATE OF INJURY (Month, Day, Year) <u> </u>	
46. TIME OF INJURY <u> </u>		47. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
48. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u> </u>		49. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.
ORIGINAL-VITAL STATISTICS COPYDATE ISSUED: JUL 11 1995Janet Bailey-Huber
JANET BAILEY-HUBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Nadine Anderson the 12th day
of July A.D., 19 95 at 2:55 o'clock P M., and duly recorded in Vol. M95
of Deeds on Page 18058

Bernetha G. Ketsch County Clerk

FEE

\$10.00

Ret: Nadine Anderson

By Janet Bailey-Huber