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Vol. 1195 Page 18547TYPE OR
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I.D. TAG NO.

324

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>Nicolus</u> Middle: <u>Anthony</u> Last: <u>MORGADO</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>July 3, 1995</u>
4. SOCIAL SECURITY NUMBER <u>555-50-6501</u>		5a. AGE Last Birthday (Years) <u>57</u>	5b. Under 1 Year Mos. <u>Days</u> <u>Hours</u> <u>Mins.</u>
6. BIRTHPLACE (City and State or Foreign) <u>Portugal</u>		7. DATE OF BIRTH (Month, Day, Year) <u>August 8, 1937</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 checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Contractor</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Construction</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed, Divorced) <u>Carla</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>2457 Orchard</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) <u>1</u>			
17. FATHER - NAME first middle last <u>Jose - Morgado</u>		18. MOTHER - NAME first middle maiden <u>Maria - Rapoza</u>	
19. INFORMANT - NAME and relationship to decedent <u>Carla Morgado - Spouse</u>		20. 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. REGISTRAR'S SIGNATURE <u>Janet Bailey-Gober</u>	
24. DATE FILED (Month, Day, Year) <u>JUL 17 1995</u>		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. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>1:23 A</u> M <input type="checkbox"/> P <input checked="" type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <u>Jack Kron</u>			
30. DATE SIGNED (Month, Day, Year) <u>7/10/95</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Jack Kron, MD - 3181 SW Sam Jackson Park Rd. - Portland, OR 97201-3098</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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>Sudden Cardiac Arrest</u>		Interval between onset and death	
(b) <u>Ventricular Fibrillation</u>		Interval between onset and death	
(c) <u>Coronary Artery Disease</u>		Interval between onset and death	
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
35. 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		36. DATE OF INJURY (Month, Day, Year)	
37. TIME OF INJURY M <input type="checkbox"/> P <input type="checkbox"/> No		38. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		40. DESCRIBE HOW INJURY OCCURRED	
41. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED:

JUL 17 1995

JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Carla Morgado the 18th day
of July A.D., 19 95 at 1:51 o'clock P M., and duly recorded in Vol. M95
of Deeds on Page 18547

FEE \$10.00

RETURN: Carla Morgado
2457 Orchard
K Falls, Or 97601By Bernetha G. Kolsch County Clerk