MT 35831-HF

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OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol M95 Page 19861

07-31-95A10:44 RCVD

103035 — I.D. TAG NO.

31 — Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136- 92-014449 — State File Number

1. DECEDENT'S NAME — First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)	
Lois	Marie	BROWNFIELD	F	July 16, 1992	
4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. Under 1 Year: Mos. / Days	5d. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
513/10/9984	74			Bucklin, KS.	Sept. 29, 1917

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

8a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9a. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Merle West Medical Center	Klamath Falls	Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)	
Bookkeeper	Lumber Mill	Widowed	James E.	

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER	
Oregon	Klamath	Klamath Falls	4423 Peck Drive	

13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
	97603		White	12	

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased	
Walter Orson Stone	Dora Alice Beauchamp	Walter Brownfield / Son	

20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
	Klamath Memorial Park	Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
James K. Ward	3409	Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601

23. DATE FILED (Month, Day, Year)	24. REGISTRAR'S SIGNATURE
JUL 20 1992	Charlene Barcus

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?
1045 M	☐ Yes ☒ 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) Jerri L Britsch, MD

30. DATE SIGNED (Month, Day, Year) 7-17-92

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
M	

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Jerri L. Britsch, MD / 1905 Main Street / Klamath Falls, Oregon / 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, eg. Cardiac or Respiratory Arrest.

PART I
(a) CVA 2d CONSEQUENCE OF: Congestive Heart failure — Interval between onset and death: >10yrs
(b) DUE TO, OR AS A CONSEQUENCE OF: Rheumatic heart disease — Interval between onset and death: >10yrs
(c) — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I
Anemia
Diabetes mellitus

37. Did tobacco use contribute to this death? ☐ Yes ☒ No ☐ Probably ☐ Unk	38. AUTOPSY? ☐ Yes ☒ No	39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH ☒ 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, State)	

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY — 45-2 REV 3-90

UPON RECORDING RETURN: WALT BROWNFIELD 4613 Hope Klamath Falls OR 97603

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 JUL 26 1995

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Mountain Title Co the 31st day of July A.D., 19 95 at 10:44 o'clock A M., and duly recorded in Vol. M95, of Deeds on Page 19861.

Bernetha G. Letsch, County Clerk

FEE $10.00

By Lynette Whitney