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3815

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168075
ID. TAG NO.

334
Local File Number

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

136-
State File Number

1 DECEDENT'S NAME — First	Middle	Last	2 SEX	3 DATE OF DEATH (Month, Day, Year)	
Amy	Edith	ELSEMORE	Female	July 19, 1995	
4 SOCIAL SECURITY NUMBER	5a AGE-Last Birthday (Years)	5b Under 1 Year: Mos. / Days	5c Under 1 Day: Hours / Mins.	6 BIRTHPLACE (City and State or Foreign Country)	7 DATE OF BIRTH (Month, Day, Year)
549-44-0351	84			Burns, Oregon	February 26, 1911

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ]Yes [X]No

9a. PLACE OF DEATH (Check only one): HOSPITAL [ ]Inpatient [ ]ER/Outpatient [ ]DOA; OTHER [ ]Nursing Home [X]Decedent's Home [ ]Other (Specify)

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH	
2346 Homedale Road	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, Widow(er))
Funeral Service Attendant	Funeral Service	Widowed	Stanley P. Elsemore
13a RESIDENCE - STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
Oregon	Klamath	Klamath Falls	2346 Homedale Road

13e INSIDE CITY LIMITS? [ ]Yes [X]No	13f ZIP CODE	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)	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
	97603		White		1

17 FATHER - NAME first middle last	18 MOTHER - NAME first middle maiden	19 INFORMANT - NAME and relationship to decedent	
Arthur - Turner	Francis Judith King	Emma Lee Motter- Daughter	
20a METHOD OF DISPOSITION [ ]Mausoleum [X]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 O'Flynn	CO-3572	O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601	
23 DATE FILED (Month, Day, Year) JUL 21 1995		24 REGISTRAR'S SIGNATURE Evelyn Simonsen	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ]YES [X]NO [ ]N/A		26. WAS GIFT MADE? [ ]YES [X]NO [ ]N/A	

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 7:50 P 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) M.D.

30. DATE SIGNED (Month, Day, Year): July 20, 1995

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year) 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): Robert F. Bohnen M.D. 2610 Uhrmann Road 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, e.g. Cardiac or Respiratory Arrest

PART I (a)	Transitional type carcinoma of anus, with metastases	Interval between onset and death: 4 months
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: None		

37 Did tobacco use contribute to the death? [ ]Yes [ ]Probably [X]No [ ]Unknown	38 AUTOPSY [ ]Yes [X]No	39 If YES were findings considered in determining cause of death? [ ]Yes [ ]No	

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 [X]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)		

FOR LOCAL REGISTRAR'S USE

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ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: JUL 31 1995

Janet Bailey-Gober
JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON — COUNTY DEPARTMENT OF HEALTH — KLAMATH — OREGON

08-02-95P02:06 RCVD

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Dorman Turner the 2nd day of Aug A.D., 19 95 at 2:05 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 20275.

Bernetha G. Hetsch, County Clerk

RETURN: Dorman Turner
4804 Cottage Ave
K Falls, Or 97603

By Lynette Finley

FEE $10.00