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356

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: <u>Melvin</u> Middle: <u>Herman</u> Last: <u>MILLER</u>			2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>August 1, 1995</u>	
4. SOCIAL SECURITY NUMBER <u>551-24-1315</u>		5a. AGE-Last Birthday (Years) <u>73</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>East St. Louis, IL</u>		7. DATE OF BIRTH (Month, Day, Year) <u>December 5, 1921</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 checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA <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>		
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>Electronic Engineer</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Computers</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed) <u>Marcella R.</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>10912 Mesa Court</u>					
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <u>97601</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		
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (1-4 or 5+) <u> </u>			
17. FATHER - NAME first middle last <u>Herman Prosper Miller</u>		18. MOTHER - NAME first middle maiden <u>Loretta Elizabeth Beadle</u>		19. INFORMANT - NAME and relationship to decedent (Specify only highest grade completed) <u>Marcella R. Miller, wife</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Cremation Service</u>			
20c. LOCATION - City or Town, State <u>Klamath Falls, OR 97601</u>					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William F. Davenport</u>		21b. LICENSE NUMBER (Of Licensee) <u>CO-3104</u>	22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</u>		
23. DATE FILED (Month, Day, Year) <u>AUG 02 1995</u>		24. REGISTRAR'S SIGNATURE <u>Janet Bailey-Gober</u>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH <u>18:35</u> P M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 cause(s) and manner stated. (Signature) <u>Jon G. McKellar</u>					
30. DATE SIGNED (Month, Day, Year) <u>August 2, 1995</u>					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Jon G. McKellar, MD, 2300 Clairmont, Klamath Falls, Oregon 97601</u>					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
31a. TIME OF DEATH <u> </u> M <u> </u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u> </u> M <u> </u>			
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) <u> </u>					
33. DATE SIGNED (Month, Day, Year) COUNTY					
34. 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) <u>Complications of Aortic Stenosis</u>		Interval between onset and death			
(b) <u> </u>		Interval between onset and death			
(c) <u> </u>		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.					
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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)	41b. TIME OF INJURY <u> </u> M <u> </u> Yes <input checked="" type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)					

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ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: AUG 02 1995Janet Bailey-Gober
JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marcella Miller the 3rd day
of August A.D., 19 95 at 11:03 o'clock A M., and duly recorded in Vol. M95,
of Deeds on Page 20478.

FEE \$10.00 Ret: Marcella Miller
10912 Mesa Ct
Klamath Falls, OR 97601

By Bernetha G. Litsch, County Clerk