

TYPE OR
PRINT IN
PERMANENT
BLACK INK

3976

G-4106
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

Local File Number

1. DECEDENT'S NAME First: Fred Middle: Lawrence Last: GOELLER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) July 24, 1995																
4. SOCIAL SECURITY NUMBER 532-09-3194	5a. AGE Last Birthday (Years) 87	5b. Under 1 Year Mos. Days Hours	5c. Under 1 Day Mins.																
6. BIRTHPLACE (City and State or Foreign) Klamath Falls, OR		7. DATE OF BIRTH (Month, Day, Year) September 8, 1907																	
8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input 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)																			
9. FACILITY NAME (If not institution, give street and number) 406 Riverside Drive		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls																	
9d. COUNTY OF DEATH Klamath																			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Land Use Supervisor		10b. KIND OF BUSINESS/INDUSTRY Timber Company																	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Ethel																	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath																	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 406 Riverside Drive																	
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) White																	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 5+)																			
17. FATHER - NAME first middle last John Fred Goeller		18. MOTHER - NAME first middle maiden Alice Zua Sawyer																	
19. INFORMANT - NAME and relationship to decedent Ethel Goeller - wife																			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service																	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ADJUDICATED AS SUCH <i>ASD</i>		21b. LICENSE NUMBER (OF Licensee) 0329																	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main St., Klamath Falls, OR 97601																			
23. DATE FIRED (Month, Day, Year) JUL 26 1995		24. REGISTRAR'S SIGNATURE <i>Janet Bailey-Gober</i>																	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A																	
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34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Wendy Warren, MD 1905 Main St., Klamath Falls, OR 97601																			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)																			
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ORIGINAL VITAL STATISTICS COPY

DATE ISSUED:

AUG 02 1995

JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ethel Goeller the 3rd day
of Aug A.D., 19 95 at 3:51 o'clock P M., and duly recorded in Vol. M95
of Deeds on Page 20617RETURN: Ethel Goeller
406 Riverside Dr
K Falls, Or 97601By Bernetha G. Vetsch, County Clerk

FEE \$10.00