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Vol. 1195 Page 20660TYPE OR
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Local File Number

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

State File Number

1. DECEDENT'S NAME First: <u>Rosetta</u> Middle: <u>Vena</u> Last: <u>ATKINS</u>		2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>April 27, 1994</u>
4. SOCIAL SECURITY NUMBER <u>937-28-9369</u>		5a. AGE Last Birthday (Years) <u>82</u>	5b. Under 1 Year Week: <u>14</u> Days: <u>14</u> Months: <u>1</u> Years: <u>1</u>
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) <u>March 10, 1913</u>	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9. CITY, TOWN, OR LOCATION OF DEATH <u>Goodrich, Idaho</u>	
10a. FACILITY NAME (If not institution, give street and number) <u>3219 Cannon Avenue</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Homemaking</u>	
11. MARITAL STATUS - <u>Married</u> Never Married, Widowed, Divorced (Specify)		12. SPOUSE (If Married, Widowed) <u>Lloyd Floyd Atkins</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>3219 Cannon Avenue</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (9-12) <input type="checkbox"/> College (1-4 or 5+) <u>8</u>			
17. FATHER - NAME first middle last <u>Samuel - Rich</u>		18. MOTHER - NAME first middle maiden <u>Rosetta - Starkey</u>	
19. INFORMANT - NAME and relationship to decedent <u>Elsie Craddock, daughter</u>			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (Or Licensee) <u>FS-0124</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194			
23. DATE FILED (Month, Day, Year) <u>MAY 01 1995</u>		24. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
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	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>09:47 AM</u>		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>Kenneth K. Magee</u>			
30. DATE SIGNED (Month, Day, Year) <u>May 1, 1995</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601</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.			
PART I (a) <u>Congestive Heart Failure</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u>1 year</u>	
(b) <u>Arteriosclerotic Heart Disease</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u>years</u>	
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <u>Valvular Heart Disease-aortic stenosis</u>		Interval between onset and death	
40. 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		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY <u>M</u>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
42. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		43. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. DESCRIBE HOW INJURY OCCURRED		45. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

ORIGINAL VITAL STATISTICS COPY

MAY 12 1995

DATE ISSUED:

JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

CLAMATH COUNTY DEPARTMENT OF HEALTH

OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Harry Westrom the 4th day of Aug A.D., 19 95 at 2:33 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 20660

RETURN: Harry Westrom
2028 Grove St
Baker City, Or 97814

FEE \$10.00 By Bernetha G. Letsch, County Clerk