

4128

Vol. 1995 Page 20936

TYPE OR
PRINT IN
PERMANENT
BLACK INK

194599

I.D. TAG NO.

282

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136-

State File Number

DECEDENT

1

2

3

4

5

6

CAUSE OF DEATH

DISPOSITION

7

8

9

REGISTRAR

CERTIFIER

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

1. DECEDENT'S NAME First: Charles Middle: Albert Last: GARRETT		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) June 9, 1995
4. SOCIAL SECURITY NUMBER 537 - 30 - 2408		5a. AGE Last Birthday (Years) 61	5b. Under 1 Year Mos Days Hours Mins
5c. Under 1 Day Mos Days Hours Mins		6. BIRTHPLACE (City and State or Foreign Country) Okla.	7. DATE OF BIRTH (Month, Day, Year) September 24, 1933
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 type="checkbox"/> Outpatient <input type="checkbox"/> OOA <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) 1939 Van Ness		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) Veterinarians		10b. KIND OF BUSINESS/INDUSTRY Animal Care	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed, Divorced (Specify) Agnes	
13a. RESIDENCE - STATE Oregon		13b. STREET AND NUMBER 1939 Van Ness	
13c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls			
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 (10-12) College (14 or 15+) 5+			
17. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		18. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
19. LOCATION - City or Town, State Klamath Falls, Oregon			
20a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster		20b. LICENSE NUMBER (Of Licensee) 3224	
21. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy #39 Klamath Falls, OR 97603			
22. DATE FILED (Month, Day, Year) JUN 15 1995		23. REGISTRAR'S SIGNATURE Lueylin Simonson	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 9:35 P M		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) Carol Fellows			
30. DATE SIGNED (Month, Day, Year) 6/13/95			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Carol Fellows, MD - 2610 Uhrmann - Klamath Falls, OR 97601			
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) Large cell carcinoma of the lung		Interval between onset and death 11 mos.	
(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.			
34. 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		35. DATE OF INJURY (Month, Day, Year)	
36. TIME OF INJURY		37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		39. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
40. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No		41. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. If YES were findings considered in determining cause of death?		43. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.ORIGINAL VITAL STATISTICS COPY
JUN 15 1995

DATE ISSUED:

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Brandsness & Brandsness the 8th day
of August A.D., 19 95 at 9:51 o'clock A.M., and duly recorded in Vol. 1995
of Deeds on Page 20936

FEE \$10.00

By Bernetha G. Letsch, County Clerk
Arnette D. Phillips

Return: Brandsness 411 Pine St. Klamath Falls, OR 97601