

4235

08-09-95A10:35 RCVD

Vol. m95 Page 21122

TYPE OR
PRINT IN
PERMANENT
BLACK INK

194622

I.D. TAG NO.

359

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>Joseph</u> Middle: <u>-</u> Last: <u>WORDEN</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>August 5, 1995</u>
4. SOCIAL SECURITY NUMBER <u>054-26-1896</u>		5a. AGE Last Birthday <u>68</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Brook, New York</u>		7. DATE OF BIRTH (Month, Day, Year) <u>December 15th, 1926</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 type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> EROutpatient <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) <u>Merle West Medical Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Custodian</u>		10b. KIND OF BUSINESS/INDUSTRY <u>School District</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed, Divorced (Specify) <u>Marly</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. CITY, TOWN OR LOCATION <u>Klamath Falls</u>	
13c. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13d. STREET AND NUMBER <u>6104 Logan Dr.</u>	
13e. ZIP CODE <u>97603</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) <u>12</u>	
17. FATHER - NAME first middle last <u>Joseph L. Worden</u>		18. MOTHER - NAME first middle maiden <u>Mary Ellen Rydeheard</u>	
19. INFORMANT - NAME and relationship to decedent <u>Joseph Worden - Self</u>		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Blake Berven</u>		21b. LICENSE NUMBER (Of Licensee) <u>3588</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u>		23. DATE FILED (Month, Day, Year) <u>AUG 08 1995</u>	
24. REGISTRAR'S SIGNATURE <u>Janet Bailey-Gober</u>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH <u>6:33 p.m.</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>Blake Berven</u> M.D.	
30. DATE SIGNED (Month, Day, Year) <u>AUG 08 1995</u>		31. TIME OF DEATH <u>6:33 p.m.</u>	
32. DATE SIGNED (Month, Day, Year) <u>AUG 08 1995</u>		33. DATE PRONOUNCED DEAD (Month, Day, Year) <u> </u>	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Blake Berven M.D. 2616 Clover Street Klamath Falls, Oregon 97601</u>		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>	
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not repeat mode of dying, e.g. Cardiac or Respiratory Arrest.) (a) <u>Respiratory Failure</u> (b) <u>End stage COPD</u> (c) <u>COPD</u>		Interval between onset and death <u> </u>	
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		40. DATE OF INJURY (Month, Day, Year) <u> </u>	
41a. DATE OF INJURY (Month, Day, Year) <u> </u>		41b. TIME OF INJURY <u> </u>	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED <u> </u>	
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u> </u>		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

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 COPYDATE ISSUED: AUG 08 1995Janet Bailey-Gober
JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marly Worden the 9th day
of Aug A.D., 19 95 at 10:35 o'clock A M., and duly recorded in Vol. M95
of Deeds on Page 21122

FEE \$10.00

Ret: Marly Worden
6104 Logan Dr.
Klamath Falls, Or 97603Bernetha G. Letsch, County Clerk
By Janet Bailey-Gober