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379

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 Dorene		Middle Cloris		Last COKER		2 SEX Female	3 DATE OF DEATH (Month, Day, Year) August 14, 1995	
4 SOCIAL SECURITY NUMBER 262-34-2293		5a. AGE-Last Birthday (Years) 69	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6 BIRTHPLACE (City and State or Foreign Country) Mesa, Arizona		7 DATE OF BIRTH (Month, Day, Year) October 28, 1925	
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)						
9b. FACILITY NAME (If not institution, give street and number) 4302 Myrtlewood Street		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) Waitress/Cook		10b. KIND OF BUSINESS/INDUSTRY Food Service		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Robert Coker		
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 4302 Myrtlewood Street				
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97601	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 Specify:		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+) 8		
17. FATHER - NAME first middle last Thomas Hall		18. MOTHER - NAME first middle maiden Gladys Bowers		19. INFORMANT - NAME and relationship to deceased Ricky Coker - Son				
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mauseolium <input 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		20c. LOCATION - City or Town, State Klamath Falls, Oregon				
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Rogers</i>		21b. LICENSE NUMBER (Of Licensee) CO-3572		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street Klamath Falls, OR 97601				
23. DATE FILED (Month, Day, Year) AUG 15 1995		24. REGISTRAR'S SIGNATURE <i>Janet Bailey-Gerber</i>						
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						
27. TIME OF DEATH 12:20 A.M.				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) <i>David S. Dasso</i>				30. DATE SIGNED (Month, Day, Year) 8/15/95				
31a. TIME OF DEATH M				31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M				
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) <i>David S. Dasso</i>				33. DATE SIGNED (Month, Day, Year) COUNTY				
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) David S. Dasso M.D. 1905 E. Main Street Klamath Falls, Oregon 97603								
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)								
36. 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. Interval between onset and death) PART I (a) Lung cancer, large cell Adenocarcinoma DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)								
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 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 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 M	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 16 1995**Janet Bailey-Gerber
JANET BAILEY-GERBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Rick Coker the 17th day
of August A.D., 19 95 at 3:49 o'clock P M., and duly recorded in Vol. 195
of Deeds on Page 21965.

FEE \$10.00

By Bernetha G. Letsch, County Clerk
Bernetha G. LetschReturn: ☒ Rick Coker 2533 Applegate St. Klamath Falls OR 97601