CERTIFICATION OF VITAL RECORD

4727

08-18-95P02:19 RCVD

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TYPE OR PRINT IN PERMANENT BLACK INK

199991 I.D. TAG NO.

373 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: First: Isabel; Middle: Anna; Last: SANDERS

2 SEX: Female

3 DATE OF DEATH (Month, Day, Year): August 12, 1995

4 SOCIAL SECURITY NUMBER: 546-30-6041

5a AGE (Last Birthday) (Years): 83

5b Under 1 Year: Mos / Days

5c Under 1 Day: Hours / Mins

6 BIRTHPLACE (City and State or Foreign Country): Bishop, CA

7 DATE OF BIRTH (Month, Day, Year): March 3, 1912

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] No

9a PLACE OF DEATH (Check only one): HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [X] Nursing Home [ ] Decedent's Home [ ] Other (Specify)

9b FACILITY NAME (If not institution, give street and number): Plum Ridge Care Center

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): School Teacher

10b KIND OF BUSINESS/INDUSTRY: Education

11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed

12 SPOUSE (If Married, Widowed): Gradie Sanders

13a RESIDENCE - STATE: Oregon

13b COUNTY: Josephine

13c CITY, TOWN OR LOCATION: Selma

13d STREET AND NUMBER: P.O. Box 533

13e INSIDE CITY LIMITS? [ ] Yes [X] No

13f ZIP CODE: 97538

14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [ ] Yes Specify

15 RACE American Indian, Black, White, etc. (Specify): White

16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary-Secondary (0-12): ; College (1-4 or 5+): 5+

17 FATHER - NAME first middle last: Robert Malcolm Teare

18 MOTHER NAME first middle maiden: Theresa Rebecca Cashbaugh

19 INFORMANT - NAME and relationship to deceased: Clifford M. Jackson, son

20a METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park

20c LOCATION - City or Town, State: Klamath Falls, OR 97601

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jean A. Davenport

21b LICENSE NUMBER (Of Licensee): FS-0124

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): AUG 14 1995

24 REGISTRAR'S SIGNATURE: Evelyn Simonson

25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [ ] NO [X] N/A

26 WAS GIFT MADE? [ ] YES [ ] NO [X] N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 03:05 A M

28 WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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)

30 DATE SIGNED (Month, Day, Year): August 14, 1995

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

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)

33 DATE SIGNED (Month, Day, Year) COUNTY

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Ralph A. Breitenstein, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601

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.

PART I
(a) DUE TO, OR AS A CONSEQUENCE OF: Congestive heart failure — Interval between onset and death: 1 wk
(b) DUE TO, OR AS A CONSEQUENCE OF: Myocardial infarction — Interval between onset and death: 1 wk
(c) Atherosclerotic coronary artery disease — Interval between onset and death: Yrs

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? [ ] Yes [ ] Probably [X] No [ ] Unknown

38 AUTOPSY [ ] Yes [X] No

39 If YES were findings considered in determining cause of death? [ ] Yes [ ] No [X] N/A

40 MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Undetermined Manner [ ] Legal Intervention

41a DATE OF INJURY (Month, Day, Year)

41b TIME OF INJURY: M

41c INJURY AT WORK? [ ] Yes [X] 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 14 1995

CA 10.00

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

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Gradie Sanders the 18th day of August A.D., 19 95 at 2:19 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 22051.

FEE $10.00

Bernetha G. Letsch, County Clerk
By Annette Mueller