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I.D. TAG NO.

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Local File Number

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

State File Number

1. DECEDENT'S NAME First: <u>Ira</u> Middle: <u>Gibson</u> Last: <u>PARISH</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>May 22, 1995</u>
4. SOCIAL SECURITY NUMBER <u>541-22-2204</u>		5a. AGE-Last Birthday (Years) <u>90</u>	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) <u>Jewell, Tennessee</u>		7. DATE OF BIRTH (Month, Day, Year) <u>August 12, 1904</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" 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>Klamath Regional Rehab 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>Air Traffic Control</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Airport Traffic</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>		12. SPOUSE (If Married, Widowed) <u>Willie Mae Parish</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>7607 Donegal Avenue</u>		14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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) Elementary/Secondary (0-12) College (14 or 5+) <u>12</u>	
17. FATHER - NAME first middle last <u>Benjamin Burch Parish</u>		18. MOTHER - NAME first middle maiden <u>J. Beral Glasgow</u>	
19. INFORMATION - NAME and relationship to deceased <u>Ira G. Parish Self</u>		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Cremation Service</u>	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>James O. Rupp</u>		22. LICENSE NUMBER (Of Licensee) <u>CO-3572</u>	
23. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel</u>		24. REGISTRAR'S SIGNATURE <u>Janet Bailey-Gober</u>	
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
27. TIME OF DEATH <u>11:20 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>Sean B. Dow</u> M.D.			
30. DATE SIGNED (Month, Day, Year) <u>May 23, 1995</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Sean B. Dow M.D. 2528 Campus Drive 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>Aspiration pneumonia</u>		Interval between onset and death	
(b) <u>Stroke</u>		Interval between onset and death	
(c) <u>Other significant conditions -</u>		Interval between onset and death	
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			
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
41c. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41d. DESCRIBE HOW INJURY OCCURRED	
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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: MAY 24 1995Janet Bailey-Gober
JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sidney Munjar the 22nd day
of August A.D., 19 95 at 3:27 o'clock P M., and duly recorded in Vol. M95
of Deeds on Page 22560

FEE \$10.00

Return: Sidney Munjar
2530 Western Street
Klamath Falls OR 97603By Bernetha G. Letsch, County Clerk
Annette Mueller