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371

Local File Number

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

138-

State File Number

1 DECEDENT'S NAME First Middle Last Larry Allen MARTIN			2 SEX Male	3 DATE OF DEATH (Month, Day, Year) August 11, 1995
4 SOCIAL SECURITY NUMBER 540-58-6035	5a AGE Last Birthday (Years) 46	5b Under 1 Year Mos Days	5c Under 1 Day Hours Mins	6 BIRTHPLACE (City and State or Foreign Country) Bourbonnais, IL
7 DATE OF BIRTH (Month, Day, Year) December 16, 1948		8a PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
8b WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9b FACILITY NAME (If not institution, give street and number) Merle West Medical 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) Heavy Equipment Opr/owner		10b KIND OF BUSINESS/INDUSTRY Construction		11 MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Never Married
12 SPOUSE (If Married, Widowed) -		13a RESIDENCE - STATE Oregon		
13b COUNTY Klamath		13c CITY, TOWN OR LOCATION Keno		
13d STREET AND NUMBER 15942 Bear Valley Dr. (POBox 85)		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 White		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 5+		
17 FATHER - NAME first middle last Fred Ray Martin		18 MOTHER - NAME first middle maiden Vivian Norma Jacobsen		19 INFORMANT - NAME and relationship to decedent George L. Martin, brother
20a 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)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Keno Cemetery		20c LOCATION - City or Town, State Keno, Oregon 97627
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James N. Beggs</i>		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 <i>Janet Bailey Goyer</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		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27 TIME OF DEATH M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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) <i>James N. Beggs MD</i>				
30 DATE SIGNED (Month, Day, Year) August 12, 1995				
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Beggs, MD, ME, 2300 Clairmont, Klamath Falls, Oregon 97601				
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bryan J. Stuart, MD, ER, 2865 Daggett Street, Klamath Falls, Oregon 97601				
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) Probable Pulmonary Embolus		Interval between onset and death Few Minutes		Interval between onset and death
(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. Multiple Sclerosis - Chorea cerebelli				
37 Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 14 1995

JANET BAILEY GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of George Martin the 22nd day
of Aug A.D., 19 95 at 3:27 o'clock P M., and duly recorded in Vol. M95,
of Deeds on Page 22568.

RETURN: George Martin

Bernetha G. Letsch, County Clerk

FEE \$10.00

P.O. Box 85

By Connette Mueller

Keno, Or 97627