

5163

08-25-95A11:45 RCVD

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199997

ID. TAG NO.

390

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 Middle Last Vernon Dedrick ANGRIMSON			2 SEX Male	3 DATE OF DEATH (Month, Day, Year) August 20, 1995
4 SOCIAL SECURITY NUMBER 469-14-9872		5a AGE Last Birthday (Years) 74	5b Under 1 Year Mns. Days Hours Mins.	6 BIRTHPLACE (City and State or Foreign Country) Milan, MN
7 DATE OF BIRTH (Month, Day, Year) April 6, 1921				
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"/> Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b CITY, TOWN, OR LOCATION OF DEATH Klamath Falls			9c COUNTY OF DEATH Klamath	
10a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Letter carrier				
10b KIND OF BUSINESS/INDUSTRY U. S. Postal Service				
11 MARITAL STATUS Married				
12 SPOUSE (If Married, Widowed, Divorced) (Specify) Mary Lou				
13a RESIDENCE - STATE Oregon				
13b RESIDENCE - COUNTY Klamath				
13c CITY, TOWN, OR LOCATION Klamath Falls				
13d STREET AND NUMBER 15809 Clover Creek Road				
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) White				
16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13 or 14) <input checked="" type="checkbox"/> 10				
17 FATHER - NAME first middle last Melvin - Angrimson			18 MOTHER - NAME first middle maiden Nella Amelia Olson	
19 INFORMANT - NAME and relationship to decedent Mary Lou Angrimson, wife				
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				
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Sean B. Dow</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 21 1995				
24 REGISTRAR'S SIGNATURE <i>Janet Bailey-Gober</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 01:05 A.M.				
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 (claim) (Signature) <i>Sean B. Dow</i>				
30 DATE SIGNED (Month, Day, Year) August 21, 1995				
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Sean B. Dow, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601				
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
33 DATE SIGNED (Month, Day, Year)				
34 COUNTY				
35 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) COPD				
(b) DUE TO, OR AS A CONSEQUENCE OF:				
(c) DUE TO, OR AS A CONSEQUENCE OF:				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				
38 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
39 If YES, were findings consistent with determining cause of death? <input type="checkbox"/> Yes <input checked="" 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 21 1995

Janet Bailey-Gober

JANET BAILEY-GOBER

COUNTY REGISTRAR

KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Bruce Angrimson the 25th day  
of Aug A.D., 19 95 at 11:45 o'clock A.M., and duly recorded in Vol. M95  
of Deeds on Page 23014

FEE \$10.00

Return: Bruce Angrimson

By Bernetha G. Leisch, County Clerk