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Vol. M95

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I.D. TAG NO.

363

Local File Number

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

State File Number

DECEDENT

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PARENTS

DISPOSITION

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REGISTRAR

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1. DECEDENT'S NAME First: Juan, Middle: Morales, Last: RODRIGUEZ		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) August 7, 1995
4. SOCIAL SECURITY NUMBER 449-50-1690	5a. AGE Last Birthday (Year) 80	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Mexico
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Laborer		12. KIND OF BUSINESS/INDUSTRY Railroad	
13. RESIDENCE - STATE Oregon		14. COUNTY Klamath	
15. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. ZIP CODE 97601	
17. FATHER - NAME first middle last Francisco - Rodriguez		18. MOTHER - NAME first middle maiden Concepcion - Morales	
19. INFORMANT - NAME and relationship to decedent Simona Rodriguez - wife		20. LOCATION - City or Town, State Klamath Falls, Oregon	
21. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ASD		24. LICENSE NUMBER (Of Licensee) 0329	
25. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601		26. REGISTRAR'S SIGNATURE Janet Bailey-Gober	
27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		28. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
29. TO BE COMPLETED BY CERTIFYING PHYSICIAN 29a. TIME OF DEATH 0820 M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 30a. TIME OF DEATH M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) John A. Boice		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) 8-9-95		34. DATE SIGNED (Month, Day, Year) COUNTY	
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) John A. Boice, MD 4509 S. 6th, Klamath Falls, OR 97603		36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
37. 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) Cardio pulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:		38. INTERVAL BETWEEN ONSET AND DEATH Immed.	
39. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Arteriosclerotic Heart Disease Hypertension - Angina		40. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		42. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. DATE OF INJURY (Month, Day, Year) 43a. TIME OF INJURY 43b. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. DESCRIBE HOW INJURY OCCURRED	
45. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		46. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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ORIGINAL-VITAL STATISTICS COPY

AUG 10 1995

DATE ISSUED:

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Simona Rodriguez the 30th day  
of Aug A.D., 19 95 at 2:37 o'clock P M., and duly recorded in Vol. M95  
of Deeds on Page 23416

FEE \$10.00

Ret: Simona Rodriguez, 219 Michigan  
Klamath Falls, OR 97601By Bernetha G. Letsch, County Clerk