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I.D. TAG NO.

444

Local File Number

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

138-

State File Number

DECEDENT

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1. DECEDENT'S NAME: Alice Katherine Kesling  
2. SEX: F  
3. DATE OF DEATH (Month, Day, Year): September 9 1995  
4. SOCIAL SECURITY NUMBER: 274-18-3828  
5a. AGE-Last Birthday (Years): 74  
5b. Under 1 Year: Mos. Days Hours Mins.  
6. BIRTHPLACE (City and State or Foreign Country): Akron Ohio  
7. DATE OF BIRTH (Month, Day, Year): December 15 1920  
8. PLACE OF DEATH (Check only one): ☒ HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9a. FACILITY NAME (if not institution, give street and number): 6611 Climax  
9b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls  
9c. COUNTY OF DEATH: Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker  
10b. KIND OF BUSINESS/INDUSTRY: Own Home  
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married  
12. SPOUSE (If Married, Widowed): Ralph Kesling

13a. RESIDENCE - STATE: Oregon  
13b. COUNTY: Klamath  
13c. CITY, TOWN OR LOCATION: Klamath Falls  
13d. STREET AND NUMBER: 6611 Climax

13e. INSIDE CITY LIMITS? ☒ Yes ☐ No  
13f. ZIP CODE: 97603  
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes  
15. RACE: American Indian, Black, White, etc. (Specify): White  
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (9-12) College (1-4 or 5+): 12

17. FATHER - NAME first middle last: John - Stevens  
18. MOTHER - NAME first middle maiden: Teresa - Maginity  
19. INFORMANT - NAME and relationship to decedent: Ralph Kesling Spouse  
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)  
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service  
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James R. Kesling  
21b. LICENSE NUMBER (Of Licensee): CO- 3572  
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hairs Funeral Chapel  
515 Pine ST. Klamath Falls OR. 97601

23. DATE FILED (Month, Day, Year): SEP 12 1995  
24. REGISTRAR'S SIGNATURE: Janet Bailey-Gober  
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A  
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

27. TIME OF DEATH: 5:30 A.M. ☐ Yes ☒ No  
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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) Blake Berven

30. DATE SIGNED (Month, Day, Year): 9/12/95  
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Blake Berven M.D. 2616 Clover Street, Klamath Falls OR. 97601  
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) DUE TO, OR AS A CONSEQUENCE OF: Acute myocardial infarction  
(b) DUE TO, OR AS A CONSEQUENCE OF: A5HD  
(c) DUE TO, OR AS A CONSEQUENCE OF: BRONCHITIS, PNEUMONIA

34. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Legal Intervention ☐ Homicide  
41a. DATE OF INJURY (Month, Day, Year):  
41b. TIME OF INJURY:  
41c. INJURY AT WORK? ☐ Yes ☒ 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):

35. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown  
36. AUTOPSY: ☐ Yes ☒ No  
37. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? ☐ Yes ☐ No ☒ N/A

38. THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: SEP 12 1995  
ORIGINAL VITAL STATISTICS COPY  
JANET BAILEY-GOBER  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ralph Kesling the 14th day of September A.D., 19 95 at 10:56 o'clock A.M., and duly recorded in Vol. M95 of Deeds on Page 24864.

FEE \$10.00  
Ret: Ralph Kesling,  
6611 Climax  
Klamath Falls, OR 976013

By Bernetha G. Lersch, County Clerk

09-14-95A10:56 RCVD