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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
CERTIFICATE OF DEATH 138

State File Number

| | | | |
|---|--|---|--|
| 1. DECEDENT'S NAME First: Roy Middle: Elwyn Last: GOOING | | 2. SEX Male | 3. DATE OF DEATH (Month, Day, Year) June 23, 1995 |
| 4. SOCIAL SECURITY NUMBER 541-16-9310 | | 5a. AGE-Last Birthday (Year) 79 Mos. Days Hours Mins. | 6. BIRTHPLACE (City and State or Foreign) St. John, Kansas |
| 7. DATE OF BIRTH (Month, Day, Year) December 14, 1915 | | 8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input checked="" type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | |
| 9a. FACILITY NAME (If not institution, give street and number) 3950 Homedale Road Space 78 | | 9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Violin Maker | | 10b. KIND OF BUSINESS/INDUSTRY Musical Instruments | |
| 11. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Specify) | | 12. SPOUSE (If Married, Widowed, Divorced) (Specify) Barbara Gooing | |
| 13a. RESIDENCE - STATE Oregon | | 13b. COUNTY Klamath | |
| 13c. CITY, TOWN OR LOCATION Klamath Falls | | 13d. STREET AND NUMBER 3950 Homedale Road Space #78 | |
| 14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 15. ZIP CODE 97603 | |
| 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | 17. RACE American Indian, Black, White, etc. (Specify) White | |
| 18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 5+) | | 19. FATHER - NAME first middle last Jedediah Gooing | |
| 20. MOTHER - NAME first middle maiden Vivian Leigh Cox | | 21. INFORMANT - NAME and relationship to deceased Barbara Gooing Spouse | |
| 22. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens | |
| 24. LOCATION - City or Town, State Klamath Falls, Oregon | | 25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Rizzo</i> | |
| 26. LICENSE NUMBER (Of Licensee) CO-3572 | | 27. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601 | |
| 28. DATE FILED (Month, Day, Year) JUN 27 1995 | | 29. REGISTRAR'S SIGNATURE <i>Janet Bailey-Gober</i> | |
| 30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | 31. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN | | | |
| 32. TIME OF DEATH 12:15 P.M. | | | |
| 33. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 34. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i> M.D. | | | |
| 35. DATE SIGNED (Month, Day, Year) June 26, 1995 | | | |
| 36. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert F. Bohnen M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601 | | | |
| 37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | |
| 38. 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) Renovascular of atherosclerotic aorta with rupture | | Interval between onset and death 5 months | |
| (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. None | | | |
| 39. 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 | | 40. DATE OF INJURY (Month, Day, Year) | |
| 41a. DATE OF INJURY | | 41b. TIME OF INJURY | |
| 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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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: **JUN 27 1995**Janet Bailey-Gober
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Barbara Gooing the 26th day
of September A.D., 19 95 at 1:48 o'clock P M., and duly recorded in Vol. M95
of Deeds on Page 26028

FEE \$10.00

Ret: 3950 Homedale Rd #78,
Klamath Falls, OR 97603By *Bernetha J. Loebe* County Clerk