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Vol. m95 Page 27196TYPE OR  
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PERMANENT  
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I.D. TAG NO.486  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS 136-  
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: <u>Wendell</u> Middle: <u>Ford</u> Last: <u>LEHMAN</u>		2 SEX <u>Male</u>	3 DATE OF DEATH (Month, Day, Year) <u>October 5, 1995</u>			
4. SOCIAL SECURITY NUMBER <u>564-03-3038</u>		5a. AGE Last Birthday (Years) <u>80</u>	5b. Under 1 Year Mos: <u>      </u> Days: <u>      </u>	5c. Under 1 Day Hours: <u>      </u> Mins: <u>      </u>	6 BIRTHPLACE (City and State or Foreign Country) <u>Kidron, Ohio</u>	7 DATE OF BIRTH (Month, Day, Year) <u>November 10, 1914</u>
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) <u>Klamath Regional Rehabilitation Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9d. COUNTY OF DEATH <u>Klamath</u>		
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Welding Engineer</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Manufacturing</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Ethel</u>
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>		13c. CITY, TOWN OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>5209 LaWanda</u> ✓
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <u>97601</u>		14. 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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>10</u>		17. FATHER - NAME first middle last <u>W. Bert Lehman</u>				
18 MOTHER - NAME first middle maiden <u>Mable - Berg</u>		19 INFORMANT NAME and relationship to decedent <u>Ethel Lehman, wife</u> ✓				
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) <u>Klamath Cremation Service</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, OR 97601</u>		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>John A. Davenport</u>		21b. LICENSE NUMBER (Of Licensee) <u>FS-0124</u>		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) <u>OCT 06 1995</u>		24. REGISTRAR'S SIGNATURE <u>Janet Bailey-Gober</u>				
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
27. TIME OF DEATH <u>18:05</u> P M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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) <u>F. Geoffrey Marx</u>						
30. DATE SIGNED (Month, Day, Year) <u>October 6, 1995</u>						
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>F. Geoffrey Marx, 2614 Clover, Klamath Falls, Oregon 97601</u>						
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) <u>Respiratory Failure</u>		Interval between onset and death <u>0 mo.</u>				
(b) <u>COPD</u>		Interval between onset and death				
(c) <u>Smoking</u>		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. <u>ASHD, CVA</u>						
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 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

OCT 06 1995

DATE ISSUED:

Janet Bailey-Gober  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ethel Lehman the 9th day of October A.D., 19 95 at 2:26 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 27196

FEE \$10.00

By Bernetha G. Letsch, County Clerk  
Annette Mueller