

10-11-95 03:51 RCVD

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147708
I.D. TAG NO.61
Local File Number

ATC * 0104323
OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Vol. m95 Page 27452

State File Number

1. DECEDENT'S NAME First: <u>Myrtle</u> Middle: <u>June</u> Last: <u>HORN</u>			2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>May 2, 1995</u>
4. SOCIAL SECURITY NUMBER <u>543 36 2250</u>		5a. AGE-Last Birthday (Year) <u>76</u>	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign) <u>Los Angeles, CA</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"/> 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>15697 Pedrioli Lane</u>			9c. CITY, TOWN, OR LOCATION OF DEATH <u>Brookings</u>	9d. COUNTY OF DEATH <u>Curry</u>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Business Owner</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Produce</u>		11. MARITAL STATUS - <u>Married</u> Never Married, Widowed, Divorced (Specify)
12. SPOUSE (If Married, Widowed) <u>Harold Horn</u>		13a. RESIDENCE - STATE <u>Oregon</u>		
13b. COUNTY <u>Curry</u>		13c. CITY, TOWN OR LOCATION <u>Brookings</u>		13d. STREET AND NUMBER <u>15697 Pedrioli Lane</u>
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <u>97415</u>		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) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) <u>12</u>		
17. FATHER - NAME first middle last <u>Earnest Febb</u>		18. MOTHER - NAME first middle maiden <u>Mabel Smith</u>		19. INFORMANT - NAME and relationship to deceased <u>Harold Horn, Spouse</u>
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Smith River Cemetery</u>		20c. LOCATION - City or Town, State <u>Smith River, CA</u>
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Wesley</u>		21b. LICENSE NUMBER (or Licensee) <u>CO-3556</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Scantlin's Brookings Mortuary Chapel</u> <u>PO Box 7166, Brookings, OR 97415</u>
23. DATE FILED (Month, Day, Year) <u>May 11, 1995</u>		24. REGISTRAR'S SIGNATURE <u>Patricia R. Clay - Deputy</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>1630 hrs</u> M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 stated. (Signature) <u>Lawrence Witt</u>				
30. DATE SIGNED (Month, Day, Year) <u>4 MAY 95</u>				
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Lawrence Witt, MD 97839 Shopping Center Dr. Brookings, OR 97415</u>				
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
TO BE COMPLETED ONLY BY MEDICAL EXAMINER				
31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		
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) COUNTY				
36. 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:				Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
(c) <u>Lung Cancer - Small Cell - Undifferentiated - Widely Metastatic</u>				Interval between onset and death <u>year</u>
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal <input type="checkbox"/> Homicide <input type="checkbox"/> Intervention		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		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
RESERVED FOR REGISTRAR'S USE				

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ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED: May 11, 1995

COUNTY REGISTRAR
CURRY COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 11th day of October A.D., 19 95 at 3:51 o'clock P M., and duly recorded in Vol. m95 of Deeds on Page 27452.

FEE \$10.00

By Bernetha G. Letsch, County Clerk
Annette Mueller