

7748
158034
I.D. TAG NO.10-17-95P03:23 RCVD
OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Vol. M95 Page 28321

Local File Number

State File Number

1. DECEDENT'S NAME First: <u>William</u> Middle: <u>—</u> Last: <u>CROW</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>February 15, 1995</u>			
4. SOCIAL SECURITY NUMBER <u>558-01-4726</u>		5a. AGE Last Birthday (Years) <u>78</u>	5b. Under 1 Year Mos. <u>—</u> Days <u>—</u> Hours <u>—</u> Mins. <u>—</u>	5c. Under 1 Day Hours <u>—</u> Mins. <u>—</u>	6. BIRTHPLACE (City and State or Foreign) <u>San Luis, California</u>	7. DATE OF BIRTH (Month, Day, Year) <u>June 12, 1916</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <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) <u>Plum Ridge Care 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>Salesman</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Retail Sales</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Letha Crow</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>4749 Glenwood Drive</u>
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <u>97603</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>2</u>						
17. FATHER - Name first middle last <u>William L. Crow</u>		18. MOTHER - Name first middle maiden <u>Ethel P. Clark</u>		19. INFORMANT - Name and relationship to decedent <u>Letha Crow - Spouse</u>		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input 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>Eternal Hills Memorial Gardens</u>				
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>David A. Hill</u>		21b. LICENSE NUMBER (Of Licensee) <u>3588</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Highway 39 Klamath Falls, Oregon 97603</u>		
23. DATE FILED (Month, Day, Year) <u>FEB 23 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>10:10 P.M.</u>		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>R. A. Breitenstein</u> M.D.						
30. DATE SIGNED (Month, Day, Year) <u>2-16-95</u>						
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Ralph Breitenstein M.D. 2622 Campus Drive Klamath Falls, Oregon 97601</u>						
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
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) <u>congestive heart failure</u>				Interval between onset and death <u>1 hr</u>
		(b) <u>atherosclerotic coronary disease</u>				Interval between onset and death <u>10 hr</u>
		(c)				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.				
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 type="checkbox"/> N/A		
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <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. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED				
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR
ORIGINAL VITAL STATISTICS COPY

DATE ISSUED:

MAR 02 1995

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William Brandsness the 17th day
of October A.D., 19 95 at 3:23 o'clock P. M., and duly recorded in Vol. M95
of Deeds on Page 28321.

FEE \$17.00

Bernetha G. Letsch, County Clerk
By Annette Mueller