

125815
I.D. TAG NO.332
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Vol. M95 Page 28861

State File Number

8022

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

CONDITIONS

IF ANY

WHICH

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DEATH

1. DECEDENT'S First Name Jerry		Middle Jeordan		Last Larkin		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) June 19, 1993
4. SOCIAL SECURITY NUMBER 484-03-4384		5a. AGE-Last Birthday (Years) 73	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo		7. DATE OF BIRTH (Month, Day, Year) May 16, 1920
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input 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) St. Charles Medical Center							
9c. CITY, TOWN, OR LOCATION OF DEATH Bend							
9d. COUNTY OF DEATH Deschutes							
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Assistant Manager		10b. KIND OF BUSINESS/INDUSTRY Gilcrest Supermarket		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (if Married, Widowed) Marjorie Larkin	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Gilcrest		13d. STREET AND NUMBER HC 32 Box 91	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97737		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: White		15. RACE American Indian, Black, White, etc. (Specify) White	
16. FATHER - Name first middle last John Larkin		16. MOTHER - Name first middle maiden Dessa Davis		17. INFORMANT - Name and relationship to decedent Marjorie Larkin - Wife			
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) Deschutes Memorial Crematory		20c. LOCATION - City or Town, State Bend, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Donald Phillips</i>		21b. LICENSE NUMBER (Of Licensee) 3500		22. NAME, ADDRESS AND ZIP OF FACILITY Central Pines Funeral Home P.O. Box 1530 LaPine, Oregon 97739			
23. DATE FILED (Month, Day, Year) June 21, 1993		24. REGISTRAR'S SIGNATURE <i>Arnette Mueller</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN							
27. TIME OF DEATH 6:07 P.M.		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) <i>William J. Ellis M.D.</i>							
30. DATE SIGNED (Month, Day, Year) 6-21-93							
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) William J. Ellis M.D. 2275 NE Doctor's Dr. Bend, Oregon 97701							
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) Myocardial infarct		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 24 hours			
PART I (b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
PART I (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.		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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		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. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41f. DESCRIBE HOW INJURY OCCURRED			

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE DESCHUTES COUNTY REGISTRAR.DATE ISSUED: June 22, 1993FLORENCE ABEND-TORRIGINO
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Company the 23rd day
of October A.D., 19 95 at 3:12 o'clock P M., and duly recorded in Vol. M95
of Deeds on Page 28864By Bernetha G. Letsch, County Clerk
Arnette Mueller

FEE \$10.00