

8368

Vol. 795 Page 28967

TYPE OR
PRINT IN
PERMANENT
BLACK INK194585
I.D. TAG NO.
243OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First Middle Last Susan Lee HOBBS		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) May 20, 1995
4. SOCIAL SECURITY NUMBER 542-46-5430	5a. AGE-Last Birthday (Years) 54	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) New Orleans, LA
7. DATE OF BIRTH (Month, Day, Year) July 19, 1940		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input 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) Marie West Medical Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9c. COUNTY OF DEATH Klamath		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Office Manager	
10b. KIND OF BUSINESS/INDUSTRY Klamath County		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Argle		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 2455 Redwood		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) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 16) 12	
17. FATHER - NAME first middle last Lynnwood Arceneaux		18. MOTHER - NAME first middle maiden Eldora Pisani	
19. INFORMANT - NAME and relationship to deceased Argle "Lee" Hobbs - Spouse		20a. 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)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		20c. LOCATION - City or Town, State Klamath Falls, OR.	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster		21b. LICENSE NUMBER (Of Licensee) 3224	
22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home		23. DATE FILED (Month, Day, Year) MAY 30 1995	
24. REGISTAR'S SIGNATURE Janet Bailey-Gober		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH 12:45 PM	
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) James N. Beggs	
30. DATE SIGNED (Month, Day, Year) 5/28/95		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Beggs, MD - 2300 Clairmont - Klamath Falls, OR. 97601	
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.)	
34. PART I (a) Self-inflicted GSW To head		35. INTERVAL BETWEEN ONSET AND DEATH	
36. PART I (b) DUE TO, OR AS A CONSEQUENCE OF:		37. INTERVAL BETWEEN ONSET AND DEATH	
38. PART I (c) DUE TO, OR AS A CONSEQUENCE OF:		39. INTERVAL BETWEEN ONSET AND DEATH	
39. PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Depression Migraine HA's		40. 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	
41. 38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		42. 39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
43. 40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		44. 41a. DATE OF INJURY (Month, Day, Year) 5/20/95	
45. 41b. TIME OF INJURY 12 noon		46. 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
47. 41d. DESCRIBE HOW INJURY OCCURRED Self-inflicted gunshot wound to head .38 Cal. pistol		48. 41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) At Home	
49. 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2455 Redwood / Klamath Falls, OR		50. RESERVED FOR REGISTAR'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:

JUN 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 Argle Hobbs the 24th day
of October A.D., 19 95 at 11:16 o'clock A M., and duly recorded in Vol. M95
of Deeds on Page 28967.

FEE \$10.00

Ret: Lee Hobbs

2455 Redwood, Klamath Falls, OR 97601

By Bernetha G. Letsch, County Clerk
Annette Mueller