CERTIFICATION OF VITAL RECORD

10-27-95P03:44 RCVD

Vol M95 Page 29479

8326

TYPE OR PRINT IN PERMANENT BLACK INK

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

I.D. TAG NO. 194674

Local File Number 515

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First Mary; Middle Ellen; Last ANDERSON
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 10 1995
4. SOCIAL SECURITY NUMBER: 510-14-9866
5a. AGE-Last Birthday (Years): 74
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country)
7. DATE OF BIRTH (Month, Day, Year): December 16, 1921
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Southern Pacific Railroad
10b. KIND OF BUSINESS/INDUSTRY: Transportation
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Albert Anderson
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1445 Lakeview Avenue
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary-Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Dennis - McClane
18. MOTHER - NAME first middle maiden: Ella - Kilgore
19. INFORMANT NAME and relationship to deceased: Albert Anderson- spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Haven of Crematory
20c. LOCATION City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jennifer Chadwick
21b. LICENSE NUMBER (Or Licensee): 7014
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home & Crematory 4711 Hwy 39; Klamath Falls, Oregon 97603
23. DATE FILED (Month, Day, Year): OCT 23 1995
24. REGISTRAR'S SIGNATURE: Evelyn Simmons
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0150 A M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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): Randal A. Machado, M.D. M.D.
30. DATE SIGNED (Month, Day, Year): 10/19/95
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Dr. Randal A. Machado; 1905 Main Street; Klamath Falls, Oregon 97601
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

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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) Metastatic Lung Cancer - unknown primary — Interval between onset and death: Months
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
Hypertension, Type II Diabetes mellitus

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☒ 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)

RESERVED FOR REGISTRAR'S USE

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ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED: OCT 23 1995

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

STATE OF OREGON · 1859

COUNTY DEPARTMENT OF HEALTH · KLAMATH · OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Albert Anderson the 27th day of October A.D., 19 95 at 3:44 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 29479.

Bernetha G. Letsch, County Clerk

By Annette Mueller

FEE $10.00