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Vol. M95 Page 30592TYPE OR
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I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

Local File Number

1. DECEDENT'S NAME First: William Middle: Crosby Last: CORBETT		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) Oct. 27, 1995
4. SOCIAL SECURITY NUMBER 544 12 3475		5a. AGE Last Birthday (Years) 71	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Los Angeles, CA.		7. DATE OF BIRTH (Month, Day, Year) Dec. 25, 1923	
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 type="checkbox"/> EROutpatient <input type="checkbox"/> DCA <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) 26648 Hotchkiss Road		9c. CITY, TOWN, OR LOCATION OF DEATH Rocky Point	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Driver		10b. KIND OF BUSINESS/INDUSTRY Greyhound Bus Lines	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Judith M.	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER HC 34 - Box 75P	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97601	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 10			
17. FATHER - NAME first middle last William John Corbett		18. MOTHER - NAME first middle maiden Marion Ruth Worthen	
19. INFORMANT - NAME and relationship to decedent Judy Corbett / Wife			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James F. P. [Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3409	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601			
23. DATE FILED (Month, Day, Year) OCT 31 1995		24. REGISTRAR'S SIGNATURE <i>Lucien Simonson</i>	
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	
27. TIME OF DEATH 2045		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>[Signature]</i>		30. DATE SIGNED (Month, Day, Year) October 30, 1995	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert F. Bohnen, MD / 2610 Uhrmann Road / Klamath Falls, Oregon / 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.) PART I (a) Small cell lung cancer with metastases DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS: None		34. INTERVAL BETWEEN ONSET AND DEATH 15 months	
35. 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		36. DATE OF INJURY (Month, Day, Year)	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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. DATE OF INJURY (Month, Day, Year)		41. TIME OF INJURY M	
42. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		43. DESCRIBE HOW INJURY OCCURRED	
44. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		45. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

ORIGINAL VITAL STATISTICS COPY

DATE ISSUED:

OCT 31 1995

JANET BAILEY-GOSER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON; COUNTY OF KLAMATH: ss.

Filed for record at request of Judith Corbett the 9th day
of November A.D., 19 95 at 10:31 o'clock A M., and duly recorded in Vol. M95
of Deeds on Page 30592

FEE \$10.00

Return: Judith Corbett By Bernetha G. Letsch, County Clerk
Annnette M. Queller
26648 Hotchkiss Drive
Klamath Falls, OR 97601-8598