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11-22-95A10:41 RCVD

Vol. M95 Page 31981TYPE OR
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Local File Number

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

136-

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS

F ANY

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE

STATING THE

UNDERLYING

CAUSE LAST

CAUSE OF

DEATH

15

16

17

1. DECEDENT'S NAME First: <u>Keith</u> Middle: <u>J.</u> Last: <u>HEDRICK</u>		2. SEX <u>Male</u>		3. DATE OF DEATH (Month, Day, Year) <u>November 13, 1995</u>	
4. SOCIAL SECURITY NUMBER <u>519-14-1746</u>		5a. AGE-Last Birthday (Years) <u>73</u>		5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	
6. BIRTHPLACE (City and State or Foreign Country) <u>Madras, Idaho</u>		7. DATE OF BIRTH (Month, Day, Year) <u>August 7, 1922</u>			
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"/> Outpatient <input type="checkbox"/> DOA <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) <u>825 California</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>Truck Driver</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Transportation</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12a. RESIDENCE - STATE <u>Oregon</u>		12b. COUNTY <u>Klamath</u>		12c. CITY, TOWN OR LOCATION <u>Klamath Falls</u>	
12d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12e. ZIP CODE <u>97601</u>		12f. STREET AND NUMBER <u>825 California</u>	
13. FATHER - NAME first middle last <u>Ralph H. Hedrick</u>		13. MOTHER - NAME first middle maiden <u>Grace - Joseph</u>		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	
15. 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)		16. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u>		17. INFORMANT - NAME and relationship to decedent <u>Doris Hedrick - Spouse</u>	
18. SIGNATURE OF UNCLERICAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Charles D. Bury</u>		19. LICENSE NUMBER (Of Licensee) <u>3588</u>		20. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Highway 39 Klamath Falls, Oregon 97603</u>	
21. DATE FILED (Month, Day, Year) <u>NOV 16 1995</u>		22. REGISTRAR'S SIGNATURE <u>Janet Bailey-Gober</u>		23. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
25. TO BE COMPLETED BY CERTIFYING PHYSICIAN 25a. TIME OF DEATH <u>8:30</u> a. <input type="checkbox"/> M <input checked="" type="checkbox"/> P <input type="checkbox"/> No		25b. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 25b. TIME OF DEATH <u> </u> a. <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> No			
26. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Charles D. Bury M.D.</u>		27. 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) <u> </u>			
28. DATE SIGNED (Month, Day, Year) <u>November 15, 95</u>		29. DATE SIGNED (Month, Day, Year) <u> </u>			
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Charles D. Bury M.D. 2300 Clairmont Drive Klamath Falls, Oregon 97601</u>		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			
32. 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>Carcinoma of the lung</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u> </u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u> </u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u>2 years</u>		Interval between onset and death <u> </u>	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <u>Left Pneumothorax</u>		33. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		34. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <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) <u> </u>		37. TIME OF INJURY <u> </u>	
38. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u> </u>		39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. DESCRIBE HOW INJURY OCCURRED <u> </u>	
41. LOCATION (Street, Rural Route Number, City or Town, State) <u> </u>		42. LOCATION (Street, Rural Route Number, City or Town, State) <u> </u>			

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DATE ISSUED:

NOV 16 1995

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JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Doris Hedrick
of November A.D., 19 95 at 10:41 o'clock A M., and duly recorded in Vol. M95
of Deeds on Page 31981

FEE \$10.00

Bernetha G. Letsch, County Clerk
By Annette Apollon