

9941

Aspen 44039

Vol. M95 Page 32864

TYPE OR
PRINT IN
PERMANENT
BLACK INK167908
I.D. TAG NO.
391
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME Annis Catherine FITZGERALD		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) August 18, 1995
4. SOCIAL SECURITY NUMBER 542-86-5200		5a. AGE-Last Birthday (Years) 90	5b. Under 1 Year No
6. PLACE OF BIRTH (City and State or Foreign) Milwaukee, WI		7. DATE OF BIRTH (Month, Day, Year) June 5, 1905	
8. PLACE OF DEATH (Specify only when different from place of birth) <input type="checkbox"/> Home <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (If not institution, give street and number) 329 South Rogers Street		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Audine E. FitzGerald	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 329 South Rogers Street	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input 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 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) 12		17. FATHER - NAME first middle last Charles - Carr	
18. MOTHER - NAME first middle maiden Charlotte - Field		19. INFORMANT - NAME and relationship to deceased Norman FitzGerald Son	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) Klamath Cremation Service	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Pigeon</i>		21b. LICENSE NUMBER (Of Licensee) CO-3572	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601		23. REGISTRAR'S SIGNATURE <i>Lucy Simonson</i>	
24. DATE FILED (Month, Day, Year) AUG 21 1995		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> LIVES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 8:15 A M		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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>F. Geoffrey Marx</i> M.D.			
30. DATE SIGNED (Month, Day, Year) 8/21/95		31. DATE SIGNED (Month, Day, Year) COUNTY	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) F. Geoffrey Marx M.D. 2614 Clover Street Klamath Falls, Oregon 97601			
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
34. 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) Gastrointestinal Bleeding DUE TO, OR AS A CONSEQUENCE OF: (b) Intra-abdominal Tumor - unknown type DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			Interval between onset and death 2 ds. Interval between onset and death 1 yr. Interval between onset and death
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. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown
37. DATE OF INJURY (Month, Day, Year)			38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39. TIME OF INJURY M			39. If YES was findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
40. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			40. DESCRIBE HOW INJURY OCCURRED
41a. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)			41b. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLERK OF THE COUNTY OF KLAMATH, OREGON.

DATE ISSUED:

AUG 21 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 Aspen Title & Escrow the 1st day of December A.D., 19 95 at 11:25 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 32864.

FEE \$10.00

By Bernetha G. Leisch, County Clerk
Annette MuellerReturn To: Barbara Troutman
19860 Green Mh. Rd., Cotton OR
97017