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I.D. TAG NO.

568

Local File Number

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

State File Number

1. DECEDENT'S NAME First: Maurice Middle: Clark Last: NELSON			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) November 22, 1995
4. SOCIAL SECURITY NUMBER 566-18-2360		5a. AGE-Last Birthday (Years) 82	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Wakarusa, South Dakota
7. DATE OF BIRTH (Month, Day, Year) July 30, 1913		8a. PLACE OF DEATH (Check only one) ☒ HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DCA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☒ Other (Specify) Easter Care		
9a. FACILITY NAME (If not institution, give street and number) Sikes Elderly Care			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.) Saw Filer		10b. KIND OF BUSINESS/INDUSTRY Lumber		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed
12. SPOUSE (If Married, Widowed) Mary Nelson				
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Merrill
13d. STREET AND NUMBER Box 503 East Front Street				
14. INSIDE CITY LIMITS? ☒ Yes ☐ No 97633		15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 5+) 8
17. FATHER - Name first middle last Edward - Nelson		18. MOTHER - Name first middle maiden Florence - Smith		19. INFORMANT - Name and relationship to decedent Gladwin Nelson - Brother
20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Removal from State ☐ Donation ☐ Other (Specify) Eternal Hills Crematory		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, Oregon		20c. LOCATION - City or Town, State
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>David A. Smith</i>		21b. LICENSE NUMBER (or Licensee) 3588		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, OR. 97603
23. DATE FILED (Month, Day, Year) NOV 27 1995		24. REGISTRAR'S SIGNATURE <i>Deborah Simmons</i>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A		26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A		

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 2:30 p.m.	28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
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>James F. Novak</i> M.D.		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)	
30. DATE SIGNED (Month, Day, Year) 11-24-95		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) James F. Novak M.D. 1905 Main Street Klamath Falls, Oregon 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

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.)		Interval between onset and death
PART I (a) Pneumonia		DUE TO, OR AS A CONSEQUENCE OF:		7 days
PART I (b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
PART I (c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. CHF, A.S.H.D.		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 ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	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)		

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ORIGINAL VITAL STATISTICS COPY

NOV 27 1995

DATE ISSUED:

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

STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of Mary Nelson the 5th day
of December A.D., 19 95 at 10:45 o'clock A M., and duly recorded in Vol. M95
of Deeds on Page 33144

FEE \$10.00

By Bernetha G. Letsch, County Clerk
Annette Mueller