

TYPE OR
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I.D. TAG NO.584

Local File Number

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

136.

State File Number

1. DECEDENT'S NAME First: <u>Margaret</u> Middle: <u>Veronica</u> Last: <u>WERNER</u>		2 SEX <u>Female</u>	3 DATE OF DEATH (Month, Day, Year) <u>November 29, 1995</u>
4. SOCIAL SECURITY NUMBER <u>543-20-6847</u>		5a. AGE-Last Birthday (Years) <u>88</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>Bonnie, Illinois</u>		7. DATE OF BIRTH (Month, Day, Year) <u>July 26, 1907</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): <u> </u>			
9b. FACILITY NAME (if not institution, give street and number) <u>Klamath Regional Rehabilitation Center</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>Homemaker</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Own Home</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>		12. SPOUSE (If Married, Widowed, Divorced) (Specify) <u>Dave Werner</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>1000 Upham</u>	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <u>97601</u>	
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) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (8-12)</u>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>12</u>	
17. FATHER - NAME first middle last <u>Orlando - Hale</u>		18. MOTHER - NAME first middle maiden <u>Ethel - Carrol</u>	
19. FATHER - NAME first middle last <u>Daniel Lindsey - son</u>		20. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u>Eternal Hills Memorial Gardens</u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (If Licensed) <u>3588</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Highway 39 Klamath Falls, Oregon 97603</u>		23. DATE FILED (Month, Day, Year) <u>DEC 05 1995</u>	
24. REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. DID FILED 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			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>7:30 p.m.</u>		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) <u>Mark Turpin M.D.</u> M.D.			
30. DATE SIGNED (Month, Day, Year) <u>12/14/95</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Mark Turpin M.D. 2800 Daggett Avenue Klamath Falls, Oregon 97601</u>			
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) <u>Chronic Obstructive Pulmonary Disease / Emphysema</u>		Interval between onset and death	
(b) <u> </u>		Interval between onset and death	
(c) <u> </u>		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.			
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
39. 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		40. DATE OF INJURY (Month, Day, Year) <u> </u>	
41a. TIME OF INJURY <u> </u>		41b. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u> </u>		41d. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

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ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: DEC 05 1995Janet Bailey-Gober
JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Daniel Lindsey the 14th day
of December A.D., 19 95 at 10:49 o'clock A M., and duly recorded in Vol. M95
of Death Certificate on Page 34108

FEE \$10.00

Return: Daniel Lindsey
1002 Upham
Klamath Falls, OR 97601

Bernetha G. Letsch, County Clerk
By [Signature]