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MTC37053DS

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

158054 I.D. TAG NO.
515 Local File Number

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

136- 94-023867 State File Number

1. DECEDENT'S NAME: First: Leona; Middle: Mae; Last: SMITH
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 21, 1994
4. SOCIAL SECURITY NUMBER: 500-05-3903
5a. AGE-Last Birthday (Years): 81
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Tulsa, Oklahoma
7. DATE OF BIRTH (Month, Day, Year): January 29, 1913
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Bartender - Ret.
10b. KIND OF BUSINESS/INDUSTRY: Nitro Bar
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Floyd
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4600 Anderson
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER - NAME first middle last: Guy - Thomas
18. MOTHER - NAME first middle maiden: Mary - Lawson
19. INFORMANT - NAME and relationship to deceased: Mary Reese - Daughter
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaste
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 4711 Hwy #39/ Klamath Falls, OR 97603
23. DATE FILED (Month, Day, Year): NOV 22 1994
24. REGISTRAR'S SIGNATURE: Darcy Kennedy
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

27. TIME OF DEATH: 2:24 A M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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)
30. DATE SIGNED (Month, Day, Year): 11/21/94
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert Beaman, MD - 2300 Clairmont - Klamath Falls, OR. 97603
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
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)
33. DATE SIGNED (Month, Day, Year) COUNTY

38. 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) Unknown Natural Causes — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive Heart Failure — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (c) NIDDM — 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. HTN
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 ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
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)

RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED FEB 0 9 1996

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Mountain Title the 12th day of Feb A.D., 19 96 at 11:12 o'clock A M., and duly recorded in Vol. M96, of Deeds on Page 3944.

FEE $10.00

Bernetha G. Letsch, County Clerk
By Pauline Mullendore

Return: Mountain Title Co