

13463

96 FEB 15 P1:03

Vol. M96 Page 4345

PERMANENT
BLACK INK199950
I.D. TAG NO.

13

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

136-

State File Number

1. DECEDENT'S NAME First Middle Last Douglas E PETERSON			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) January 8, 1996		
4. SOCIAL SECURITY NUMBER 567-10-1653		5a. AGE-Last Birthday (Years) 79	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Corning, California	7. DATE OF BIRTH (Month, Day, Year) November 17, 1916
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"/> ER/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) 323 North Jefferson			9c. CITY, TOWN, OR LOCATION OF DEATH Merrill		9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Truck Driver			10b. KIND OF BUSINESS/INDUSTRY Transportation		11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify)	
12. SPOUSE (If Married, Widowed)		13. RESIDENCE - STATE Oregon				
13a. INSIDE CITY LIMITS?		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Merrill		13d. STREET AND NUMBER 323 North Jefferson
13e. ZIP CODE 97633		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) Elementary/Secondary (0-12) College (14 or 5+) 10
17. FATHER - NAME first middle last Lawrence Peterson			18. MOTHER - NAME first middle maiden Catherine Roper			19. INFORMANT - NAME and relationship to deceased Evelyn Peterson - Spouse
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)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Willows Cemetery			20c. LOCATION - City or Town, State Willows, California
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Rogers</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. DATE FILED (Month, Day, Year) JAN 09 1996			24. REGISTRAR'S SIGNATURE <i>Evelyn Peterson</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A						
26. WAC GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A						
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
27. TIME OF DEATH 6:40 A M		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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>Thomas Etges</i> M.D.						
30. DATE SIGNED (Month, Day, Year) 1-8-96						
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Dr. Thomas Etges 1905 Main Street Klamath Falls, Oregon 97601						
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) CVA						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) HTN						
DUE TO, OR AS A CONSEQUENCE OF:						
PART II (c) 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES, were findings substantiated in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41e. 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 KLAMATH COUNTY REGISTRAR.

DATE ISSUED:

JAN 10 1996

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Evelyn Peterson the 15th day
of February A.D., 19 96 at 1:03 o'clock P.M., and duly recorded in Vol. M96
of Deeds on Page 4345

FEE \$10.00

Return: Evelyn Peterson, P.O. Box 414
Merrill, OR 97633By Bernetha G. Letsch, County Clerk
Pauline Mullendore