

IN
PERMANENT
BLACK INK

13464

194729

I.D. TAG NO.

73

Local File Number

OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS
OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Vol 96 Page 4346

136

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS
IF ANY
WHICH
GAVE
RISE TO
IMMEDIATE
CAUSE
STATING
THE
UNDERLYING
CAUSE
LAST

CAUSE OF
DEATH

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

1. DECEDENT'S NAME: First Alease Middle Virginia Last PENDLEY

2. SEX: Female

3. DATE OF DEATH (Month, Day, Year): February 7, 1996

4. SOCIAL SECURITY NUMBER: 577-40-2944

5a. AGE-Last Birthday (Years): 71

5b. Under 1 Year: Mo. Days Hours Mins.

5c. Under 1 Day: Hours Mins.

6. BIRTHPLACE (City and State or Foreign): Washington D.C.

7. DATE OF BIRTH (Month, Day, Year): April 7, 1924

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): 5006 Sturdivant

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.): Home Maker

10b. KIND OF BUSINESS/INDUSTRY: Own Home

11. MARITAL STATUS: ☒ Married ☐ Never Married ☐ Widowed ☐ Divorced (Specify)

12. SPOUSE (If Married, Widowed, Divorced (Specify): Joseph Pendley

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 5006 Sturdivant

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ 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: Claude - Brown

18. MOTHER - NAME first middle maiden: Madeline - Robinson

19. INFORMANT - NAME and relationship to deceased: Alease Pendley - Self

20a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☒ Mausoleum

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens

20c. LOCATION - City or Town, State: Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]

21b. LICENSE NUMBER (Of Licensee): 3588

22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home
4711 Highway Klamath Falls, OR. 97603

23. DATE FILED (Month, Day, Year): FEB 13 1996

24. REGISTRAR'S SIGNATURE: [Signature]

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☒ NO ☒ N/A

27. TIME OF DEATH: 6:20 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): [Signature] M.D.

30. DATE SIGNED (Month, Day, Year): 2/8/96

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): [Signature]

33. DATE SIGNED (Month, Day, Year): 2/8/96 COUNTY: Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon G. McKellar M.D. 2300 Claimant Drive Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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)

PART I

(a) Chronic Obstructive Lung Disease Interval between onset and death

(b) Due to, or as a consequence of: Interval between onset and death

(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. Hypertension / CHF

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 ☐ Accidents ☐ Undetermined ☐ Suicide ☐ Legal Intervention ☐ Homicide ☐ Other

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 ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED FEB 14 1996

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Jackie Lancaster the 15th day of February A.D., 19 96 at 1:58 o'clock P M., and duly recorded in Vol. M96 of Deeds on Page 4346

FEE \$10.00

Bernetha G. Letsch, County Clerk
By Cassie Mulendos