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I.D. TAG No.

597

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: Jeannie Middle: Last: RIFFEY		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) December 9, 1995
4. SOCIAL SECURITY NUMBER 539-09-5235		5a. AGE-Last Birthday (Years) 80	5b. Under 1 Year Mos Days Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) Yakima, WA		7. DATE OF BIRTH (Month, Day, Year) December 26, 1914	
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"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) 6543 Climax Avenue		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) School Cook		10b. KIND OF BUSINESS/INDUSTRY County School District	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Jesse Ivan Riffe	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 6543 Climax Avenue	
14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. ZIP CODE 97603	
16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		17. RACE American Indian, Black, White, etc. (Specify) White	
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 5+) 12		19. FATHER - NAME first middle last John - Scott	
20. MOTHER - NAME first middle maiden Jane Beatrice Ford		21. INFORMANT NAME and relationship to decedent Jeannette A. Riffe, daughter	
22. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Haven of Rest Mausoleum Eternal Hills Memorial Gardens	
24. LOCATION - City or Town, State Klamath Falls, OR 97603		25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James L. Christensen</i>	
26. LICENSE NUMBER (If Licensee) FS-0124		27. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
28. DATE FILED (Month, Day, Year) DEC 12 1995		29. REGISTERAR'S SIGNATURE <i>James L. Christensen</i>	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		31. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
32. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
33. TIME OF DEATH 17:30 P.M.		34. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
35. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Charles L. Christensen</i>			
36. DATE SIGNED (Month, Day, Year) December 11, 1995		37. DATE SIGNED (Month, Day, Year) COUNTY	
38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles L. Christensen, MD, 1900 Main Street, Klamath Falls, OR 97601			
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
40. 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) Cardiac Arrhythmia		Interval between onset and death	
(b) PULMONARY HYPERTENSION		Interval between onset and death	
(c) COPD		Interval between onset and death	
PART II OTHER SIGNIFICANT - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
41. 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		42. DATE OF INJURY (Month, Day, Year)	
43. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		46. DESCRIBE HOW INJURY OCCURRED	
47. LOCATION (Street and Number or Rural Route Number, City or Town, State)		48. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
49. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		50. If YES were autopsy considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

ORIGINAL VITAL STATISTICS COPY

DEC 12 1995

DATE ISSUED:

JANET BAILEY-GOBER  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jeannette Riffe the 22nd day  
of February A.D., 19 96 at 3:52 o'clock P.M., and duly recorded in Vol. M96  
of Deeds on Page 4949.

FEE \$10.00

Return: Jeannette Riffe  
6543 Climax Avenue  
Klamath Falls, Oregon 97601

By Bernetha G. Letsch, County Clerk