

147032
I.D. TAG NO.
344
Local File Number

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

Vol. 196 Page 5853

DECEDENT
PARTS
DISPOSITION
REGISTRAR

CERTIFIER

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

CAUSE OF
DEATH

1. DECEDENT'S NAME: First Alene Middle Riley Last JAY State File Number
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 21, 1993
4. SOCIAL SECURITY NUMBER: 320-30-8755
5a. AGE-Last Birthday (Years): 80 5b. Under 1 Year: Mo. 5c. Under 1 Day: Days 5d. Under 1 Hour: Hours 5e. Under 1 Minute: Mins.
6. BIRTHPLACE (City and State or Foreign Country): Rupert, Idaho
7. DATE OF BIRTH (Month, Day, Year): September 4, 1912
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): Foster Care
9b. FACILITY NAME (If not institution, give street and number): Mary's Home Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Bonanza
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Teacher
10b. KIND OF BUSINESS/INDUSTRY: Education
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): James Jay
13a. RESIDENCE - STATE: Oregon 13b. COUNTY: Klamath 13c. CITY, TOWN OR LOCATION: Bonanza 13d. STREET AND NUMBER: 25440 Highway 70
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No 13f. ZIP CODE: 97623
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) 4 College (14 or 5+) 4
17. FATHER - NAME first middle last: David E. Riley
18. MOTHER - NAME first middle maiden: Nina Willits
19. INFORMANT - NAME and relationship to deceased: James Jay - Spouse
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify): Eternal Hills Crematory
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: David A. Wilson
21b. LICENSE NUMBER (Of Licensee): 93-49-1365
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 4711 Highway 39, Klamath Falls, Oregon 97603
23. DATE FILED (Month, Day, Year): JUL 23 1993
24. REGISTRAR'S SIGNATURE: Charlene Barcus
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: 3:29 P. 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): James N. Beggs M.D.
30. DATE SIGNED (Month, Day, Year): 7/23/93
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs M.D. 2300 Clairmont Drive, Klamath Falls, Oregon 97601
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): Charlene Barcus
33. DATE SIGNED (Month, Day, Year): _____ COUNTY: _____
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): _____
35. 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) Probable Sepsis Interval between onset and death: 3 days
(b) Chronic Urinary Tract Infection Interval between onset and death: _____
(c) Alzheimer's dementia 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.
36. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY: ☐ Yes ☒ No ☐ Yes ☐ No ☐ N/A
39. If YES were findings considered in determining cause of death?
40. DATE OF INJURY (Month, Day, Year): _____ 41b. TIME OF INJURY: _____ 41c. INJURY AT WORK? ☐ Yes ☒ No
41a. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify): _____ 41d. DESCRIBE HOW INJURY OCCURRED: _____
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State): _____

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ORIGINAL - VITAL STATISTICS COPY

DATE ISSUED: JUL 27 1993

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Timberline Community Bank of March A.D., 19 96 at 9:47 o'clock AM., and duly recorded in Vol. M96 on Page 5853

FEE \$10.00

Return: Tarlow, Jordan & Schrader By Bernetha G. Letsch, County Clerk
1600 S.W. Cedar Hills Boulevard Suite 100
Portland, Oregon 97225-5498

