

PERMANENT
BLACK INK194705
I.D. TAG NO.

Local File Number

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

State File Number

1. DECEDENT'S NAME First: Marion Middle: Isabelle Last: PALASITS		2 SEX Female		3 DATE OF DEATH (Month, Day, Year) December 21, 1995	
4 SOCIAL SECURITY NUMBER 266-60-1737		5a. AGE-Last Birthday (Years) 52		5b. Under 1 Year Mos. 0 Days 0	
5c. Under 1 Day Hours 0 Mins. 0		6 BIRTHPLACE (City and State or Foreign Country) Tampa, Florida		7 DATE OF BIRTH (Month, Day, Year) March 9, 1943	
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 checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input 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) 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.) Receptionist		10b. KIND OF BUSINESS/INDUSTRY Clerical		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify) Married	
12 SPOUSE (If Married, Widowed) Ronald Palasits					
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 5464 Havencrest					
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603		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+) 2			
17. FATHER - NAME first middle last Henry - Pizzati		18. MOTHER - NAME first middle maiden Josie - Canova		19. INFORMANT - NAME and relationship to deceased Ronald Palasits - Spouse	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		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 <i>David A. Wilson</i>		21b. LICENSE NUMBER (Of Licensee) 3588		22. NAME, ADDRESS, AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, OR. 97603	
23. DATE FILED (Month, Day, Year) DEC 22 1995		24. REGISTRAR'S SIGNATURE <i>Janet Bailey-Gorber</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. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>27. TIME OF DEATH 12:30 a.m.</p> <p>28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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>[Signature]</i> M.D.</p> <p>30. DATE SIGNED (Month, Day, Year) December 21, 1995</p> <p>34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert F. Bohnen M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601</p> <p>35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p> </div> <div style="width: 48%;"> <p>TO BE COMPLETED ONLY BY MEDICAL EXAMINER</p> <p>31a. TIME OF DEATH M</p> <p>31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M</p> <p>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)</p> <p>33. DATE SIGNED (Month, Day, Year) COUNTY</p> </div> </div>					
<p>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)</p> <p>PART I (a) Adenocarcinoma of pancreas with metastases Interval between onset and death 5 months</p> <p>(b) DUE TO, OR AS A CONSEQUENCE OF</p> <p>(c) DUE TO, OR AS A CONSEQUENCE OF</p> <p>PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I None</p> <p>37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown</p> <p>38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. If YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>40. 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 <input type="checkbox"/> Homicide</p> <p>41a. DATE OF INJURY (Month, Day, Year)</p> <p>41b. TIME OF INJURY</p> <p>41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>41d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)</p> <p>41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)</p>					

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DATE ISSUED:

JAN 05 1996

Janet Bailey-Gorber
JANET BAILEY-GORBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ronald Palasits the 6th day
of March A.D., 19 96 at 11:30 o'clock A.M., and duly recorded in Vol. M96
of Deeds on Page 6158

Bernetha G. Letsch, County Clerk

By Cheryl Russell

FEE \$10.00