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Vol. male Page 7301PERMANENT  
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I.D. TAG NO.

119

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

1  
2  
3  
4  
5  
6

PARENTS

DISPOSITION

7  
8  
9

REGISTRAR

10  
11

CERTIFIER

12  
13  
14CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LASTCAUSE OF  
DEATH15  
16

1. DECEDENT'S NAME First: <u>WILLIAM</u> Middle: <u>CONRAD</u> Last: <u>MYERS</u>		2. SEX <u>MALE</u>	3. DATE OF DEATH (Month, Day, Year) <u>MARCH 10, 1996</u>
4. SOCIAL SECURITY NUMBER <u>540-28-7666</u>	5a. AGE Last Birthday (Years) <u>69</u>	5b. Under 1 Year Mos. <u>  </u> Days <u>  </u>	5c. Under 1 Day Hours <u>  </u> Mins. <u>  </u>
6. BIRTHPLACE (City and State or Foreign) <u>EVERETT, WASHINGTON</u>		7. DATE OF BIRTH (Month, Day, Year) <u>AUGUST 12, 1926</u>	
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) <u>  </u>			
9b. FACILITY NAME (If not institution, give street and number) <u>KLAMATH REGIONAL REHABILITATION CENTER</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>KLAMATH FALLS</u>	
9d. COUNTY OF DEATH <u>KLAMATH</u>			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>CONDUCTOR</u>		10b. KIND OF BUSINESS/INDUSTRY <u>RAILROAD</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>MARRIED</u>		12. SPOUSE (If Married, Widowed) <u>LOIS MYERS</u>	
13a. RESIDENCE - STATE <u>OREGON</u>	13b. COUNTY <u>KLAMATH</u>	13c. CITY, TOWN OR LOCATION <u>KLAMATH FALLS</u>	13d. STREET AND NUMBER <u>3040 MADISON</u>
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE <u>97603</u>	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) <u>WHITE</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <u>12</u> College (14 or 5+) <u>  </u>	
17. FATHER - NAME first middle last <u>ARTHUR - MYERS</u>		18. MOTHER - NAME first middle maiden <u>R. FAYE GREGORY</u>	
19. INFORMANT - NAME and relationship to deceased <u>LOIS MYERS - SPOUSE</u>			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u>  </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>ETERNAL HILLS MEMORIAL GARDENS</u>	
20c. LOCATION - City or Town, State <u>KLAMATH FALLS, OREGON</u>			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON MAKING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (Of Licensee) <u>3588</u>	22. NAME, ADDRESS AND ZIP OF FACILITY <u>ETERNAL HILLS FUNERAL HOME</u> <u>4711 HIGHWAY 39 KLAMATH FALLS, OR. 97603</u>
23. DATE FILED (Month, Day, Year) <u>MAR 12 1996</u>		24. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
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			
27. TIME OF DEATH <u>6:55 A.M.</u>			
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) <u>Kenneth K. Magee M.D.</u>			
30. DATE SIGNED (Month, Day, Year) <u>3-11-96</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>KENNETH K. MAGEE M.D. 1900 MAIN STREET KLAMATH FALLS, OREGON 97601</u>			
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) <u>Carcinoma of Right Lung, Large Cell - with metastasis</u>			Interval between onset and death <u>months</u>
(b) <u>  </u>			Interval between onset and death <u>  </u>
(c) <u>  </u>			Interval between onset and death <u>  </u>
PART II 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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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			
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 <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year) <u>  </u>	41b. TIME OF INJURY <u>  </u>
		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED <u>  </u>
		41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u>  </u>	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>

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: MAR 12 1996MARLENE BLEVINS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Lois Myers the 18th day of March A.D., 19 96 at 3:41 o'clock P.M., and duly recorded in Vol. M96 of Deeds on Page 7301.By Bernetha G. Letsch, County Clerk

FEE \$10.00

By [Signature]