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I.D. TAG NO.

115

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

REGISTRAR

CERTIFIER

CONDITIONS
IF ANY
WHICH
GAVE
RISE TO
IMMEDIATE
CAUSE
STATING
THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

5

6

17

1. DECEDENT'S NAME First: <u>Hazel</u> Middle: <u>Irene</u> Last: <u>HAMILTON</u>			2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>March 6, 1996</u>
4. SOCIAL SECURITY NUMBER <u>544-09-6588</u>		5a. AGE-Last Birthday (Years) <u>76</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>Klamath Falls, Oregon</u>		7. DATE OF BIRTH (Month, Day, Year) <u>July 17, 1919</u>		
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"/> 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. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>			9c. 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>Homemaker</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Own Home</u>		11. MARITAL STATUS - <u>Married</u> Never Married, Widowed, Divorced (Specify)
12. SPOUSE (If Married, Widowed) <u>William Hamilton Sr.</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>3166 Bristol</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 Specify: <u> </u>
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (14 or 5+) <u> </u>		
17. FATHER - NAME first middle last <u>William Burton Sanders</u>		18. MOTHER - NAME first middle maiden <u>Lillie Ann Stiles</u>		19. INFORMANT - NAME and relationship to decedent <u>William Hamilton Sr. - Spouse</u>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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 Crematory</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Carl Smith</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, Oregon 97603</u>
23. DATE FILED (Month, Day, Year) <u>MAR 08 1996</u>		24. REGISTRAR'S SIGNATURE <u>Marlene Blevins</u>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH <u>7:00 a.m.</u>		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) as stated. (Signature) <u> </u> M.D.				
30. DATE SIGNED (Month, Day, Year) <u>March 6, 1996</u>				
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Robert F. Bohner M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601</u>				
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>				
TO BE COMPLETED ONLY BY MEDICAL EXAMINER				
31a. TIME OF DEATH <u> </u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u> </u>		
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) <u> </u>				
33. DATE SIGNED (Month, Day, Year) <u> </u> COUNTY <u> </u>				
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) <u>Respiratory arrest</u>		Interval between onset and death <u>6 years</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. <u> </u>		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <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>		

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

MAR 08 1996

DATE ISSUED:

MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William Hamilton Sr. the 19th day
of March A.D., 19 96 at 11:34 o'clock A M., and duly recorded in Vol. M96
of Deeds on Page 7374

Bernetha G. Letsch, County Clerk

FEE \$10.00

Return: William Hamilton Sr.
3166 Bristol
Klamath Falls, Oregon 97603By Cheryl Russell