

96 MAR 28 P3:29

AFTER RECORDING RETURN TO:
GARY HEDLUND
303 PINE STREET
KLAMATH FALLS, OR 97601

ATC 0104437

CERTIFICATION OF VITAL RECORD

Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: Roselle Middle: Mae Last: HAGEN		2. SEX F	3. DATE OF DEATH (Month, Day, Year) November 26, 1988
4. SOCIAL SECURITY NUMBER 544-46-6469		5a. AGE - Last Birthday (Year) 46	5b. UNDER 1 YEAR Mo: Days: Hours: Mins:
6. BIRTHPLACE (City and State or Foreign) Oakland, California		7. DATE OF BIRTH (Month, Day, Year) August 2, 1942	
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <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	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Housewife		10b. KIND OF BUSINESS/INDUSTRY Homemaking	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Larry J.	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN, OR LOCATION Klamath Falls	
13c. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13d. STREET AND NUMBER 5649 Independence	
14. 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		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 12			
17. FATHER - NAME first middle last Danny J. Fitzgerald		18. MOTHER - NAME first middle maiden Opal M. Batman	
19. INFORMANT - NAME and relationship to decedent Larry J. Hagen, Sr., husband		20. LOCATION - City or Town, State Klamath Falls, Oregon 97603	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William J. Davenport		21b. LICENSE NUMBER (Of Licensee) 47-3104	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194			
23. TIME OF DEATH 04:30 A M			
24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) [Signature]			
26. DATE SIGNED (Month, Day, Year) November 28, 1988			
27a. TIME OF DEATH M			
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M			
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature) [Signature]			
29. DATE SIGNED (Month, Day, Year) COUNTY			
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) William A. Bartlett, MD, 2300 Clairmont, Klamath Falls, Oregon 97601			
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
32. 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.) (a) DUE TO, OR AS A CONSEQUENCE OF: Trauma - quadriplegia (b) DUE TO, OR AS A CONSEQUENCE OF: Multiple Sclerosis (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: 1 month Interval between onset and death: 7 years Interval between onset and death:			
33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34. IF YES, were findings considered in determining cause of death?			
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined Manner			
36a. DATE OF INJURY (Month, Day, Year) M			
36b. TIME OF INJURY M			
36c. INJURY - AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36d. DESCRIBE HOW INJURY OCCURRED			
37. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
38. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
39. REGISTRAR'S SIGNATURE Dancy Kennedy			
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
40. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

45-2 REV 1-88

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DATE ISSUED NOV 28 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 28th day
of March A.D., 19 96 at 3:29 o'clock P.M., and duly recorded in Vol. M96
of Deeds on Page 8722

Bernetha G. Letsch, County Clerk

By Cheryl Russell

FEE \$10.00