

15850

Vol. m96 Page. 9291180457
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Local File Number

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

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

1. DECEDENT'S NAME First: <u>Lillian</u> Middle: <u>Grace</u> Last: <u>REESE</u>			2. SEX <u>Female</u>		3. DATE OF DEATH (Month, Day, Year) <u>March 19, 1996</u>		
4. SOCIAL SECURITY NUMBER <u>544-26-6444</u>		5a. Age Last Birthday (Years) <u>86</u>		5b. Under 1 Year Mos. <u>86</u> Days <u>0</u> Hours <u>0</u> Mins. <u>0</u>		6. BIRTHPLACE (City and State or Foreign Country) <u>Laural, OR</u>	
7. DATE OF BIRTH (Month, Day, Year) <u>June 27, 1909</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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9b. CITY, TOWN, OR LOCATION OF DEATH <u>LaPine</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> (Specify only highest grade completed) <u>Never Married, Widowed, Divorced (Specify)</u>	
12. SPOUSE (If Married, Widowed) <u>William Reese</u>		13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>		13c. CITY, TOWN OR LOCATION <u>LaPine</u>	
13d. STREET AND NUMBER <u>P.O. Box 547</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) <u>Elementary/Secondary (0-12) College (14 or 5+)</u>	
17. FATHER - NAME first middle last <u>Frank Clark</u>		18. MOTHER - NAME first middle maiden <u>Bertha Sweetman</u>		19. INFORMANT - NAME and relationship to deceased <u>William Reese (Husband)</u>		20. LOCATION - City or Town, State <u>Bend, Oregon</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Cascade Crematory, Inc.</u>		20c. LOCATION - City or Town, State <u>Bend, Oregon</u>		21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>	
21b. LICENSE NUMBER (Of Licensee) <u>3514</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Tabor's Desert Hills Mortuary</u> <u>1441 NE Forbes Ave. Bend, OR 97701</u>		23. DATE FILED (Month, Day, Year) <u>MAR 26 1996</u>		24. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH <u>3:45 P M</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. TO BE COMPLETED BY CERTIFYING PHYSICIAN 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) and manner stated. (Signature) <u>Richard M. Cade</u>		30. DATE SIGNED (Month, Day, Year) <u>March 20, 1996</u>		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Richard M. Cade MD 51600 Huntington Rd. LaPine, Oregon 97739</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>[Signature]</u>	
33. DATE SIGNED (Month, Day, Year)		34. COUNTY		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)		36. INTERVAL BETWEEN ONSET AND DEATH <u>Seconds</u>	
37. IMMEDIATE CAUSE (a) <u>Cardiac Arrhythmia</u>		38. IMMEDIATE CAUSE (b) <u>Coronary artery disease</u>		39. IMMEDIATE CAUSE (c) <u>Chronic Heart Disease</u>		40. INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
41. OTHER SIGNIFICANT CONDITIONS <u>High cholesterol</u>		42. 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		43. DATE OF INJURY (Month, Day, Year)		44. TIME OF INJURY <u>M</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		46. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. DESCRIBE HOW INJURY OCCURRED		48. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

DATE ISSUED

MAR 26 1996

MARLENE BLEVINS
COUNTY REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Tabor's Desert Hills Mortuary the 3rd day
of April A.D., 19 96 at 9:24 o'clock A M., and duly recorded in Vol. M96
of Deeds on Page 9291

FEE \$10.00

Return: Tabor's Mortuary
1441 NE Forbes Avenue
Bend, Oregon 97701By Bernetha G. Letsch County Clerk
[Signature]