

15992

Vol. 1996 Page 9583

194749
I.D. TAG NO.157
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: George Middle: William Last: TEAGUE, Jr.			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) March 29, 1996
4. SOCIAL SECURITY NUMBER 464-36-5805		5a. AGE-Last Birthday (Years) 67	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Caldwell, Texas
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9a. FACILITY NAME (If not institution, give street and number) 889 Old Midland Road			9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life. Do not use retired) Cattleman/Rancher			10b. KIND OF BUSINESS/INDUSTRY Self-employed	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married			12. SPOUSE (If Married, Widowed) Sara Salinas Teague	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Klamath Falls	13c. STREET AND NUMBER 889 Old Midland Road	
13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e. ZIP CODE 97603	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 (0-12) College (1-4 or 5+) 5+		
17. FATHER - NAME first middle last George William Teague			18. MOTHER - NAME first middle maiden Vivian Evelyn Daniels	
19. INFORMANT - NAME and relationship to deceased Debbie Matalone - Daughter			20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Wendy D. Fortney</i>			22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 HWY 39 Klamath Falls, Oregon 97603	
23. DATE FILED (Month, Day, Year) APR 02 1996			24. REGISTRAR'S SIGNATURE <i>Marlene Blevins</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	

27. TIME OF DEATH 2230		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 examiner stated. (Signature) <i>David Panosian</i> M.D.			
30. DATE SIGNED (Month, Day, Year)			
31. TIME OF DEATH M			
32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M			
33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) David Panosian, M.D. 2628 Campus Drive Klamath Falls, Oregon 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
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) Multiple infarct demented DUE TO, OR AS A CONSEQUENCE OF: (b) ? DUE TO, OR AS A CONSEQUENCE OF: (c) ? DUE TO, OR AS A CONSEQUENCE OF:			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
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"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED	
42. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		43. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			

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

DATE ISSUED: APR 02 1996

MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sara Teague
of April A.D., 19 96 at 10:24 o'clock AM., and duly recorded in Vol. M96
of Deeds on Page 9583

FEE \$10.00

By Bernetha G. Letsch, County Clerk