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Vol. 1996 Page 9583

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

136-

State File Number

1. DECEDENT'S NAME First: <u>George</u> Middle: <u>William</u> Last: <u>TEAGUE, Jr.</u>			2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>March 29, 1996</u>
4. SOCIAL SECURITY NUMBER <u>464-36-5805</u>		5a. AGE-Last Birthday (Years) <u>67</u>	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <u>Caldwell, Texas</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" 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) <u>889 Old Midland Road</u>			9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life. Do not use retired) <u>Cattleman/Rancher</u>			10b. KIND OF BUSINESS/INDUSTRY <u>Self-employed</u>	
11. MARITAL STATUS - <u>Married</u> (Never Married, Widowed, Divorced (Specify))		12. SPOUSE (If Married, Widowed) <u>Sara Salinas Teague</u>		
13a. RESIDENCE - STATE <u>Oregon</u>		13b. CITY, TOWN OR LOCATION <u>Klamath Falls</u>		13c. STREET AND NUMBER <u>889 Old Midland Road</u>
13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e. ZIP CODE <u>97603</u>		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) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <u>5+</u>		
17. FATHER - NAME first middle last <u>George William Teague</u>		18. MOTHER - NAME first middle maiden <u>Vivian Evelyn Daniels</u>		19. INFORMANT - NAME and relationship to decedent <u>Debbie Matalone - Daughter</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>Eternal Hills Crematory</u>		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Wendy D. Fortney</u>		21b. LICENSE NUMBER (Of Licensee) <u>AE-2778</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home 4711 HWY 39 Klamath Falls, Oregon 97603</u>
23. DATE FILED (Month, Day, Year) <u>APR 02 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		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH <u>2230</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) and manner stated. (Signature) <u>David Panossian</u> M.D.				
30. DATE SIGNED (Month, Day, Year)				
TO BE COMPLETED ONLY BY MEDICAL EXAMINER				
31a. TIME OF DEATH <u>M</u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>M</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)				
33. DATE SIGNED (Month, Day, Year) COUNTY				
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>David Panossian, M.D. 2628 Campus Drive Klamath Falls, Oregon 97601</u>				
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 (a) <u>Multisystemic</u>		Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
PART (b) <u>?</u>		Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
PART (c) 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 <u>M</u>	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. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
41f. DESCRIBE HOW INJURY OCCURRED				

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

DATE ISSUED: APR 02 1996MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sara Teague the 5th day 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