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OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS Vol. M96 Page 10825

10825

194716 I.D. TAG NO.

23

Local File Number

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME: First Olee Middle - Last CAGE

2. SEX: Female

3. DATE OF DEATH (Month, Day, Year): January 17, 1996

4. SOCIAL SECURITY NUMBER: 561-36-7228

5a. AGE-Last Birthday (Years): 77

5b. Under 1 Year: Mos. Days

5c. Under 1 Day: Hours Mins.

6. BIRTHPLACE (City and State or Foreign Country): Morroe, LA.

7. DATE OF BIRTH (Month, Day, Year): July 22, 1918

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

9. PLACE OF DEATH (Check only one): HOSPITAL Inpatient ER/Outpatient OOA OTHER Nursing Home Decedent's Home Other (Specify)

10. FACILITY NAME (If not institution, give street and number): 5609 Blue Mountain Road

11. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

12. COUNTY OF DEATH: Klamath

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 5609 Blue Mountain Road

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes

15. RACE American Indian, Black, White, etc. (Specify): Black

16. DECEDENT'S EDUCATION (Specify only highest grade completed): 10
Elementary/Secondary (0-12) College (14 or 5+)

17. FATHER - NAME first middle last: Jesse - Willson

18. MOTHER - NAME first middle maiden: Lela - Rodgers

19. INFORMANT NAME and relationship to deceased: Johnie Tolliver - Daughter

20. METHOD OF DISPOSITION: Mausoleum Burial Cremation Removal from State Donation Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Haven of Rest Mausoleum Eternal Hills Memorial Gardens

21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]

21b. LICENSE NUMBER (Of Licensee): 3588

22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603

23. DATE FILED (Month, Day, Year): JAN 19 1996

24. REGISTRAR'S SIGNATURE: [Signature]

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES NO N/A

26. WAS GIFT MADE? YES NO N/A

27. TIME OF DEATH: 6:25 P.M.

28. WAS MEDICAL EXAMINER NOTIFIED? Yes 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): [Signature] M.D.

30. DATE SIGNED (Month, Day, Year):

31a. TIME OF DEATH:

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):

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 CERTIFIER/MEDICAL EXAMINER (Type or Print): James F. Calvert M.D., 2800 Duggett Avenue, 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) Chronic Obstructive Lung Disease Interval between onset and death:

(b) Interval between onset and death:

(c) Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Cocaine Abuse Disease

37. Did tobacco use contribute to the death? Yes No Probably Unknown

38. AUTOPSY: Yes No

39. # YES were findings considered in determining cause of death? Yes No N/A

40. MANNER OF DEATH: Natural Pending Investigation Accident Undetermined Manner Suicide Legal Intervention Homicide

41a. DATE OF INJURY (Month, Day, Year):

41b. TIME OF INJURY:

41c. INJURY AT WORK? Yes No

41d. DESCRIBE HOW INJURY OCCURRED:

41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify):

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JAN 26 1996

[Signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

96 APR 18 P 2:48



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Giacomini & Knieps the 18th day of April A.D., 19 96 at 2:48 o'clock P.M., and duly recorded in Vol. M96 of Deeds on Page 10825

FEE \$10.00

Return: Giacomini & Knieps Bernetha G. Letsch, County Clerk
635 Main Street By [Signature]
Klamath Falls, Oregon 97601