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17016
168110
I.D. TAG NO.
143
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME: First: Zena; Middle: Marie; Last: WESTON
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 23, 1996
4. SOCIAL SECURITY NUMBER: 542-40-8274
5a. AGE-Last Birthday (Years): 79
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Omaha, Nebraska
7. DATE OF BIRTH (Month, Day, Year): April 12, 1916
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
10. FACILITY NAME (If not institution, give street and number): 8545 Elliott Road
11. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
12. COUNTY OF DEATH: Klamath
13a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
13b. KIND OF BUSINESS/INDUSTRY: Own Home
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
15. SURVIVING SPOUSE (If Married, Widowed, or Divorced): Johnie C. Weston
16a. RESIDENCE - STATE: Oregon
16b. COUNTY: Klamath
16c. CITY, TOWN OR LOCATION: Klamath Falls
16d. STREET AND NUMBER: 8545 Elliott Road
16e. INSIDE CITY LIMITS? ☐ Yes ☒ No
16f. ZIP CODE: 97603
16g. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican and so on): ☐ No
17. RACE - American Indian, Black, White, etc. (Specify): White
18. EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):
19. FATHER - NAME: First, Middle, Last: Ulia - Hensley
20. MOTHER - NAME: First, Middle, Maiden: Ollie - Hammer
21. INFORMANT - NAME and relationship to deceased: Johnie C. Weston Spouse
22a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
22b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mt. Laki Cemetery
22c. LOCATION - City or Town, State: Klamath Falls, Oregon
23a. SIGNATURE OF FUNERAL SERVICE AGENT/SEE OR PERSON ACTING AS SUCH: James O Figge
23b. LICENSE NUMBER (Of Licensee): CO-3572
23c. NAME, ADDRESS, AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine ST. Klamath Falls, OR 97601
23d. DATE FILED (Month, Day, Year): MAR 26 1996
24. REGISTRAR'S SIGNATURE: Marlene Simmons
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSIDER? ☐ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 8:30 A (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): Kenneth K. Magee M.D.
30. DATE SIGNED (Month, Day, Year): 3-25-96
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kenneth K. Magee M.D. 1900 Main Street Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH (M)
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) (M)
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)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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) Severe Gangrene, Right leg. Interval between onset and death: months
DUE TO, OR AS A CONSEQUENCE OF: (b) Diabetes mellitus, Type I. Interval between onset and death: years
DUE TO, OR AS A CONSEQUENCE OF: (c) Interval between onset and death:
PART II (d) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ Unknown
38. AUTOPSY? ☐ Yes ☒ No
39. IF YES, were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY (M)
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

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
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Johnie C Weston the 25th day of April A.D., 19 96 at 3:39 o'clock P M., and duly recorded in Vol. M96 of Deeds on Page 11677.

Bernetha G. Letsch, County Clerk
By

FEE $10.00

Return: Johnie C Weston
8545 Elliott Road
Klamath Falls, Oregon 97603

APR 25 P3:39