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17359

MTC 37804

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

H-02428 — I.D. TAG NO.

799 — Local File Number

95-027281 — State File Number

96 MAY -2 A11:56

1. DECEDENT'S NAME: First: Florence; Middle: Deel; Last: MC KEE
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): December 30, 1995
4. SOCIAL SECURITY NUMBER: 542-44-4074
5a. AGE-Last Birthday (Years): 62
5b. Under 1 Year: Mos / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Klamath Agency, OR
7. DATE OF BIRTH (Month, Day, Year): September 23, 1933
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8. PLACE OF DEATH (Check only one): ☒ HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
8d. COUNTY OF DEATH: Deschutes
8b. FACILITY NAME (If not institution, give street and number): St. Charles Medical Center
8c. CITY, TOWN, OR LOCATION OF DEATH: Bend
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Joseph J.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Deschutes
13c. CITY, TOWN OR LOCATION: Bend
13d. STREET AND NUMBER: 61533 Alstrup
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97702
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, etc.) ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): American Indian
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER - NAME first middle last: Luke Francis Chester
18. MOTHER - NAME first middle maiden: Lenora Godown
19. INFORMANT - NAME and relationship to deceased: Joseph McKee, Husband
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NUMBER (Of Licensee): 3110
22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, OR 97701
23. DATE FILED (Month, Day, Year): January 2, 1996
24. REGISTRAR'S SIGNATURE
25. Did hospital representative make request for anatomical gift consent? ☐ Yes ☐ No ☐ N/A
26. WAS GIFT MADE? ☐ Yes ☐ No ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 6:15 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)
30. DATE SIGNED (Month, Day, Year): 12-31-95

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) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Daniel E. Fohrman, M.D. 1501 N.E. Medical Center Dr. Bend, OR 97701
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) PROBABLE ACUTE MYOCARDIAL INFARCT — Interval between onset and death: MINUTES
DUE TO, OR AS A CONSEQUENCE OF:
(b) DUE TO, OR AS A CONSEQUENCE OF:
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

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

ORIGINAL VITAL STATISTICS COPY

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

EDWARD J. JOHNSON II
STATE REGISTRAR

DATE ISSUED: APR 29 1996

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of AmeriTitle the 2nd day of May A.D., 19 96 at 11:56 o'clock AM., and duly recorded in Vol. M96, of Deeds on Page 12579.

Bernetha G. Letsch, County Clerk

By

FEE $10.00 Return: AmerTitle