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TYPE OR PRINT IN PERMANENT BLACK INK

220316 I.D. TAG NO.

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219 Local File Number

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

136 State File Number

96 MAY 15 A9:36

DECEDENT

1. DECEDENT'S NAME: First: Phyllis; Middle: Marcia; Last: THOMAS
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): May 5, 1996
4. SOCIAL SECURITY NUMBER: 544-54-3258
5a. AGE-Last Birthday (Years): 76
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Min.
6. BIRTHPLACE (City and State or Foreign Country): Fort Pierce, SD
7. DATE OF BIRTH (Month, Day, Year): October 9, 1919
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; 07166 ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 6th Street
9c. CITY, TOWN, OR LOCATION OF DEATH: Crescent
9d. COUNTY OF DEATH: Klamath
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): Robert
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Crescent
13d. STREET AND NUMBER: 6th Street
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97733
14a. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
14b. RACE (Specify American Indian, Black, White, etc. (Specify): White
15. DECEDENT'S EDUCATION (Specify only Highest Grade Completed) Elementary/Secondary (0-12): 9 College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: George William Kiefer
18. MOTHER - NAME first middle maiden: Alice May Hoffman
19. INFORMANT - NAME and relationship to deceased: Robert P. Thomas Husband

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Pilot Butte Cemetery
20c. LOCATION - City or Town, State: Bend, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Mark L. Reed
21b. LICENSE NUMBER (Of Licensee): 3488
22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, OR 97701
23. DATE FILED (Month, Day, Year): MAY 08 1996
24. REGISTRAR'S SIGNATURE: Evelyn Simpson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 7:15 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)
30. DATE SIGNED (Month, Day, Year): May 7, 1996
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Richard H. Woods, MD. 1501 N. E. Medical Center Dr.-- Bend, OR 97701
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) COUNTY

CAUSE OF DEATH

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

16. 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) Aortic stenosis — Interval between onset and death: 5 YRS
DUE TO, OR AS A CONSEQUENCE OF:
(b) Rheumatic valvular heart disease — Interval between onset and death: many YRS
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II 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 ☒ 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)

REGISTRAR'S CERTIFICATION: I CERTIFY THAT THIS IS AN EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: MAY 08 1996

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Niswonger & Reynolds, Inc. the 15th day of May A.D., 19 96 at 9:36 o'clock A.M., and duly recorded in Vol. M96 of Deeds on Page 13954.

FEE $10.00

Return: Niswonger & Reynolds
P.O. Box 229
Bend, Oregon 97709

Bernetha G. Letsch, County Clerk
By