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OR
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PERMANENT
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I.D. TAG NO.209
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136

State File Number

96 MAY 17 P3:00

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

1. DECEDENT'S NAME First: HARVEY Middle: TOWNSEND Last: HAYDEN		2. SEX MALE	3. DATE OF DEATH (Month, Day, Year) APRIL 27, 1996
4. SOCIAL SECURITY NUMBER 543-10-2098		5a. AGE-Last Birthday (Years) 88	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign) SEATTLE, WASHINGTON		7. DATE OF BIRTH (Month, Day, Year) NOVEMBER 01, 1907	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) KLAMATH REGIONAL REHABILITATION CENTER		9c. CITY, TOWN, OR LOCATION OF DEATH KLAMATH FALLS	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) PATTERN MAKER		10b. KIND OF BUSINESS/INDUSTRY INDUSTRIAL	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) MARRIED		12. SPOUSE (If Married, Widowed) MARY HAYDEN	
13a. RESIDENCE - STATE OREGON		13b. COUNTY KLAMATH	
13c. CITY, TOWN OR LOCATION KLAMATH FALLS		13d. STREET AND NUMBER 3206 SHASTA WAY	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) WHITE	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 5+		17. FATHER - NAME first middle last TULLIUS HAYDEN	
18. MOTHER - NAME first middle maiden GRETTA HARVEY		19. INFORMANT - NAME and relationship to deceased MARY HAYDEN - SPOUSE	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input 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) ETERNAL HILLS CREMATORY	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Wendy D. ...</i>		21b. LICENSE NUMBER (Of Licensee) AE - 2778	
22. NAME, ADDRESS AND ZIP OF FACILITY ETERNAL HILLS FUNERAL HOME 4711 HWY 39 KLAMATH FALLS, OR 97603		23. DATE FILED (Month, Day, Year) APR 30 1996	
24. REGISTRAR'S SIGNATURE <i>Marlene Blevins</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH 2000	
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) <i>Thomas E. Egges</i> M.D.	
30. DATE SIGNED (Month, Day, Year) 4/30/96		31. TIME OF DEATH 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)	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) THOMAS EGGES, M.D. 1905 MAIN STREET 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)			
(a) <i>Pneumonia</i>		Interval between onset and death	
(b) <i>Type 2 DM</i>		Interval between onset and death	
(c)		Interval between onset and death	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
39. If YES were findings considered in determining cause of death?			
40. MANNER OF DEATH Natural <input type="checkbox"/> Accident <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 <input type="checkbox"/>			
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	

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

DATE ISSUED: APR 30 1996

MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mary Hayden
of May A.D., 19 96 at 3:00 o'clock P.M., and duly recorded in Vol. M96
of Deeds on Page 14429

FEE \$10.00

Return: Mary Hayden
3206 Shasta Way
Klamath Falls, Oregon 97603

By Bernetha G. Letsch, County Clerk

