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PERMANENT  
BLACK INK194772  
I.D. TAG NO.209  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

State File Number

DECEDENT

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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
5c. Under 1 Day 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 HAYDEN	
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. [Signature]</i>		21b. LICENSE NUMBER (Of Licensee) AE - 2778	
22. NAME, ADDRESS AND ZIP OF FACILITY ETERNAL HILLS FUNERAL HOME		23. STREET AND NUMBER 4711 HWY 39 KLAMATH FALLS, OR 97603	
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			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
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 Etges</i> M.D.			
30. DATE SIGNED (Month, Day, Year) 4/30/96			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) THOMAS ETGES, M.D., 1905 MAIN STREET KLAMATH FALLS, OREGON 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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			
34. (a) <i>Pneumonia</i>		Interval between onset and death	
35. (b) <i>Type 2 DM</i>		Interval between onset and death	
36. (c) <i>ASCAD / CHF / Probab CA</i>		Interval between onset and death	
37. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
38. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
39. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other			
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

*[Signature]*