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PERMANENT
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I.D. TAG NO.

234

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH

State File Number

DECEDENT

1

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PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

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

CAUSE OF
DEATH

15

16

17

RESERVED FOR REGISTRAR'S USE

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

MAY 14 1996

DATE ISSUED:

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Leonard Greer the 20th day
of May A.D., 19 96 at 11:34 o'clock A M., and duly recorded in Vol. M96
of Deeds on Page 14509

FEE \$10.00

Return: Leonard Greer
6403 Onyx
Klamath Falls, Oregon 97603

By Bernetha G. Letsch, County Clerk

1. DECEDENT'S NAME First: Laura Middle: Marie Last: GREER		2. SEX Fem.	3. DATE OF DEATH (Month, Day, Year) May 12, 1996
4. SOCIAL SECURITY NUMBER 545 28 7146		5a. AGE-Last Birthday (years) 77	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign) Torrence, CA		7. DATE OF BIRTH (Month, Day, Year) January 15, 1919	
8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9c. 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		12. SPOUSE (If Married, Widowed, Divorced, or Separated) Leonard	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Klamath Falls	
13c. STREET AND NUMBER 6403 Onyx		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 (8-12) College (14 or 5+) 12	
17. FATHER - NAME first middle last Perle - Billings		18. MOTHER - NAME first middle maiden Anna - Francis	
19. INFORMANT - NAME and relationship to deceased Leonard Greer / Husband		20. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James J. Ward</i>		21b. LICENSE NUMBER (Of Licensee) 3409	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601		23. REGISTRAR'S SIGNATURE <i>Marlene Blevins</i>	
24. DATE FILED (Month, Day, Year) MAY 14 1996		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. TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 1515		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>Blake D. Berven</i>			
30. DATE SIGNED (Month, Day, Year) May 14, 1996			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake D. Berven, MD / 2616 Clover / 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 OR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)			
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <i>Acute myocardial infarction</i>			
(b) DUE TO, OR AS A CONSEQUENCE OF: <i>ASIA</i>			
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		35. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
36. DATE OF INJURY (Month, Day, Year)		37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. TIME OF INJURY		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
39. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		40. DESCRIBE HOW INJURY OCCURRED	
41. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

