

20112

G-4096
I.D. TAG NO.

212

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

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8

9

REGISTRAR

0

1

CERTIFIER

2

3

4

CONDITIONS

IF ANY

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE

STATING THE

UNDERLYING

CAUSE LAST

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CAUSE OF

DEATH

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1. DECEDENT'S NAME First: Mary, Middle: Ellen, Last: CLARK			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) April 29, 1996
4. SOCIAL SECURITY NUMBER 542-38-9804		5a. AGE-Last Birthday (Year) 93	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Spokane, WA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
10. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		12. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) English Teacher		10b. KIND OF BUSINESS/INDUSTRY High School		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed
12. SPOUSE (If Married, Widowed) George H., Jr.		13. STREET AND NUMBER 2021 Lavey Street		
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls
13d. INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		13e. ZIP CODE 97601		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 (0-12) College (14 or 5+) 4		
17. FATHER - NAME first middle last Jack - McVeigh		18. MOTHER - NAME first middle maiden Isabella - Robinson		19. INFORMANT - NAME and relationship to deceased Nancy Choban, daughter
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" 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) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3607		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year) MAY 01 1996		24. REGISTRAR'S SIGNATURE <i>[Signature]</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 1645 M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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. <i>[Signature]</i>				
30. DATE SIGNED (Month, Day, Year) 4/30/96				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) R. Rand Hale, M.D., 1000 Pine Street, Klamath Falls, Oregon 97601				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
TO BE COMPLETED ONLY BY MEDICAL EXAMINER				
31a. TIME OF DEATH		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. <i>[Signature]</i>				
33. DATE SIGNED (Month, Day, Year) COUNTY				
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) Dehydration		Interval between onset and death 3 days		
DUE TO, OR AS A CONSEQUENCE OF				
(b) massive intracerebral hemorrhage - R - 4/18/96		Interval between onset and death 11 days		
DUE TO, OR AS A CONSEQUENCE OF				
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Actual fibrillation, severe dementia		Interval between onset and death		
PART II		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. If YES were findings consistent in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
40. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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DATE ISSUED: JUN 19 1996

MARLENE ELEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 19th day of June A.D., 1996 at 3:16 o'clock P. M., and duly recorded in Vol. M96 of Deeds on Page 18258.

FEE \$10.00

Ret: Amerititle

By Bernetha G. Letsch, County Clerk