

20113

MTC 3848 Vol. m96 Page 18259

PERMANENT BLACK INK

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

State File Number

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17

1. DECEDENT'S NAME First: George Middle: Henry Last: CLARK Jr.			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) December 21, 1995	
4. SOCIAL SECURITY NUMBER 541-10-8223		5a. AGE - Last Birthday (Year) 86	5b. Under 1 Year Days: Hours: Mins:	6. BIRTHPLACE (City and State or Foreign Country) Bend, Oregon	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			9b. COUNTY OF DEATH Klamath		
9c. FACILITY NAME (if not institution, give street and number) 2021 Lavey			9d. 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) Owner/Operator		10b. KIND OF BUSINESS/INDUSTRY Mine		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (if Married, Widowed) Mary Ellen		13a. RESIDENCE - STATE Oregon			
13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2021 Lavey	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify his or her race: 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 (6-12) <input type="checkbox"/> College (1-4 or 5+) 2	
17. FATHER - NAME (first middle last) George Henry Clark		18. MOTHER - NAME (first middle maiden) Elizabeth Fichtner		19. INFORMANT - NAME and relationship to decedent Nancy Choban - daughter	
20a. METHOD OF DISPOSITION <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) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF GENERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (if Licensee) 0329		21c. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601	
22. DATE FILED (Month, Day, Year) DEC 21 1995			24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
27. TIME OF DEATH Fnd 08:30			28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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>[Signature]</i>					
30. DATE SIGNED (Month, Day, Year) 12-20-95			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) <i>[Signature]</i>		
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) David D. Reeder, MD 2301 Mt. View Blvd, Klamath Falls, Oregon 97601			33. DATE SIGNED (Month, Day, Year) COUNTY		
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.)				Interval between onset and death	
(a) Congestive Heart Failure				YEARS	
(b) Atherosclerotic Cardiac Disease				YEARS	
(c) OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I				Interval between onset and death	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Interval between onset and death	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				39. If YES were findings conclusive in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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"/> Under Suspense <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		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)			

RESERVED FOR REGISTRAR'S USE  
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: JUN 19 1996

*[Signature]*  
MARLENE BLEVINS  
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., 19 96 at 3:16 o'clock P M., and duly recorded in Vol. M96  
of Deeds on Page 18259  
By Bernetha G. Letsch, County Clerk

FEE \$10.00  
Ret: Amerititle