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I.D. TAG NO.

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Local File Number

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

135

State File Number

1. DECEDENT'S First Name Helen		Middle Virginia		Last RUONICH		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) November 25, 1995
4. SOCIAL SECURITY NUMBER 269-14-0011		5a. AGE LAST BIRTHDAY (Years) 75	5b. Under 1 Year Months Days Hours 0 0 0	5c. Under 1 Day Hours Minutes Seconds 0 0 0	6. BIRTHPLACE (City and State or Foreign Country) Zanesville, Ohio		7. DATE OF BIRTH (Month, Day, Year) December 12, 1919
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 checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input 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) Merle West Medical Center				9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Meat Wrapper				10b. KIND OF BUSINESS/INDUSTRY Food		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
12. SPOUSE (If Married, Widowed) Keith Ruonich							
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 3217 Raymond	
14a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14b. ZIP CODE 97603		15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+)	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12					
17. FATHER - NAME - first middle last Raymond - Patrick				18. MOTHER - NAME - first middle maiden Ruth Irene McAdams			
19. INFORMANT - NAME and relationship to decedent Sandra Ruonich - Daughter							
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input 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 Memorial Gardens			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Carl A. Wick</i>				21b. LICENSE NUMBER (Of Licensee) 3588		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603	
23. DATE FILED (Month, Day, Year) NOV 27 1995				24. REGISTRAR'S SIGNATURE <i>Janet Bailey Guber</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input 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 8:50 a.m.		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>Edmund T. McQuire</i> M.D.							
30. DATE SIGNED (Month, Day, Year) 11/27/95							
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Edmund T. McQuire M.D. 2501 (Helm) Klamath Falls, Oregon 97603							
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
TO BE COMPLETED ONLY BY MEDICAL EXAMINER							
31a. TIME OF DEATH 8:50 a.m.		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 11/27/95					
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)							
33. DATE SIGNED (Month, Day, Year) COUNTY							
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)							
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.)							
PART I		Interval between onset and death					
(a) Bleeding		12 hrs					
(b) Sepsis		2 wks					
(c) Arterial bypass graft		2 wks					
(d) Recurrent fasciitis		2 wks					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not showing in the underlying cause given in PART I							
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		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input 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"/> Legal intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

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ORIGINAL VITAL STATISTICS COPY

NOV 29 1995

DATE ISSUED:

Janet Bailey Guber

JANET BAILEY GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

After recording return to:

Richard J. Hicks
1000 NW Starlite Pl
Grants Pass, OR 97526

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

AmeriTitle

on this 24th day of June A.D., 19 96
at 11:10 o'clock AM, and duly recorded
in Vol. M96 of Deeds Page 18654

Bernetha G. Ietsch, County Clerk

By

Fee, \$10.00

Deputy.