

20401

Vol. 96 Page 18861

PERMIT  
BLACK INK

203284

10. TAG NO.

111

Local File Number

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

138

State File Number

1. DECEDENT'S NAME: <b>Dorothy Gladys SMITH</b>			2. SEX: <b>Female</b>	3. DATE OF DEATH (Month, Day, Year): <b>February 29, 1996</b>
4. SOCIAL SECURITY NUMBER: <b>544-38-8085</b>	5a. AGE Last Birthday (Years): <b>85</b>	5b. Under 1 Year: <b>Mo. Days</b>	5c. Under 1 Day: <b>Hours Mins.</b>	6. BIRTHPLACE (City and State or Foreign): <b>Alberta, Canada</b>
7. DATE OF BIRTH (Month, Day, Year): <b>August 24, 1910</b>				
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"/> Home <input type="checkbox"/> Other (Specify):				
10. FACILITY NAME (If not institution, give street and number): <b>Merle West Medical Center</b>			11. CITY, TOWN, OR LOCATION OF DEATH: <b>Klamath Falls</b>	
12. COUNTY OF DEATH: <b>Klamath</b>				
13a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): <b>Book Keeper</b>		13b. KIND OF BUSINESS/INDUSTRY: <b>Brick</b>		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): <b>Married</b>
15. RESIDENCE - STATE: <b>Oregon</b>		16. COUNTY: <b>Klamath</b>		17. CITY, TOWN OR LOCATION: <b>Klamath Falls</b>
18. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. ZIP CODE: <b>97601</b>		20. STREET AND NUMBER: <b>2501 Montaluis Street</b>
21. 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		22. RACE American Indian, Black, White, etc. (Specify): <b>White</b>		23. DECEDENT'S EDUCATION (Specify only highest grade completed): <b>Elementary/Secondary (9-12)</b>
24. FATHER - NAME - First, Middle, Last: <b>John - Powell</b>		25. MOTHER - NAME - First, Middle, Last: <b>Clarrissa Mae Coulter</b>		26. INFORMANT - NAME and relationship to deceased: <b>William R. Smith (Spouse)</b>
27a. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Reinterment <input type="checkbox"/> Other (Specify):		27b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): <b>Siskiyou Memorial Park</b>		28. LOCATION - City or Town, State: <b>Medford, Oregon</b>
29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: <i>Michael D. Thompson</i>		30. LICENSE NUMBER (Of Licensee): <b>1411</b>		31. NAME, ADDRESS AND ZIP OF FACILITY: <b>Peri Funeral Home 426 W. 6th St. Medford Oregon 97501</b>
32. DATE FILED (Month, Day, Year): <b>MAR 06 1996</b>		33. REGISTRAR'S SIGNATURE: <i>Michael D. Thompson</i>		34. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
35. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A				
36. TO BE COMPLETED BY CERTIFYING PHYSICIAN				
37. TIME OF DEATH: <b>5:10 P.M.</b>		38. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
39. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): <i>Kenneth K. Magee</i>				
40. DATE SIGNED (Month, Day, Year): <b>3-5-96</b>				
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): <b>Kenneth G. Magee M.D. 1900 Main Street Klamath Falls Oregon 97601</b>				
42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):				
43. 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) <b>Upper Gastrointestinal Bleeding - recurrent, severe.</b>		Interval between onset and death: <b>Days</b>		
DUE TO, OR AS A CONSEQUENCE OF: <b>Peptic ulcer disease</b>		Interval between onset and death: <b>Days</b>		
PART II (b) <b>Post central nervous system trauma with secondary hemorrhage</b>		Interval between onset and death: <b>Days</b>		
DUE TO, OR AS A CONSEQUENCE OF: <b>Post central nervous system trauma with secondary hemorrhage</b>				
44. OTHER SIGNIFICANT CONDITIONS: <b>Post central nervous system trauma with secondary hemorrhage</b>				
45. Did tobacco use contribute to the condition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
46. AUTOPSY: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
47. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
48. 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		49. DATE OF INJURY (Month, Day, Year):		50. TIME OF INJURY:
51. PLACE OF INJURY: <b>At home, farm, street, factory, office, building, etc. (Specify):</b>		52. LOCATION (Street and Number or Rural Route Number, City or Town, State): <b>2501 Montaluis Street Klamath Falls Oregon 97601</b>		
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: <b>MAR 08 1996</b>				
MARLENE BLEVINS COUNTY REGISTRAR KLAMATH COUNTY, OREGON				

STATE OF OREGON: COUNTY OF KLAMATH

Filed for record at request of William L. Sisemore the 25th day  
of June A.D. 19 96 at 3:10 o'clock P M., and duly recorded in Vol. M96  
of Deeds on Page 18861

FEE \$10.00

Return: William L. Sisemore  
540 Main Street  
Klamath Falls, Oregon 97601

By Bernetha G. Letsch, County Clerk  
*Michael D. Thompson*