20474 Vol M96 Page 19031

PERMANENT BLACK INK

168149 I.D. TAG NO.

271 Local File Number

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

136- State File Number

1. DECEDENT'S NAME	First: Gladys	Middle: G.	Last: RODGERS	2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): June 7, 1996
4. SOCIAL SECURITY NUMBER: 544-24-0693	5a. AGE-Last Birthday (Years): 77	5b. Under 1 Year: Mos. / Day:	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Lowell Valley, OR	7. DATE OF BIRTH (Month, Day, Year): November 1, 1918

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

8a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA | OTHER ☐ Nursing Home ☐ Decedent's Home ☐ 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.): Homemaker	10b. KIND OF BUSINESS/INDUSTRY: Own Home	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Arthur Rodgers	
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 3037 Laverne Avenue	
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97603	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes	15. RACE American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 / College (1-4 or 5+):

17. FATHER - NAME First middle last: Clarence Walker	18. MOTHER - NAME First middle maiden: Ella Wilkerson	19. INFORMANT - NAME and relationship to deceased: Arthur Rodgers - Spouse
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park	20c. LOCATION - City or Town, State: Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O'Hair

21b. LICENSE NUMBER (Or Licensee): 3572

22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, OR 97601

23. DATE FILED (Month, Day, Year): JUN 10 1996

24. REGISTRAR'S SIGNATURE: Evelyn Simpson

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: M

28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ 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)

30. DATE SIGNED (Month, Day, Year):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 11:24 A

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): June 7, 1996 11:24 A

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) M.D.

33. DATE SIGNED (Month, Day, Year): June 10, 1996 COUNTY: Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs II, M.E. M.D., 2300 Fairmont Street, Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) Do not enter modes of dying, e.g. Cardiac or Respiratory Arrest.

		Interval between onset and death
PART I (a)	Multiple Traumatic Injuries to Head and Chest	
	DUE TO, OR AS A CONSEQUENCE OF (b)	Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF (c)	Interval between onset and death
PART II	OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.	

37. Did tobacco use contribute to the death? ☒ No ☐ Probably ☐ Unknown

38. AUTOPSY: ☐ Yes ☒ No

39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☐ Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention

41a. DATE OF INJURY (Month, Day, Year): 6/7/96

41b. TIME OF INJURY: 10:1 A

41c. INJURY AT WORK? ☐ Yes ☒ No

41d. DESCRIBE HOW INJURY OCCURRED: Driver of motor vehicle struck by a vehicle at intersection

41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify): Street

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): Intersection of Altamont & Laverne

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 20 1996

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Arthur R Rodgers the 26th day of June A.D., 19 96 at 3:00 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 19031.

Bernetha G. Letsch, County Clerk

FEE $10.00 Return: Arthur R Rodgers
2835 Wiard Street
Klamath Falls, Oregon 97603

By

JUN 26 P3:00 96