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I.D. TAG NO.

331

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: Richard Middle: John Last: CADA			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) July 7, 1996
4. SOCIAL SECURITY NUMBER 540 26 2713			5a. AGE Last Birthday (Years) 71	5b. Under 1 Year Mo. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Boise, ID.			7. DATE OF BIRTH (Month, Day, Year) April 7, 1925	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
9. 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)				
10. FACILITY NAME (If not institution, give street and number) Merle West Medical Center			11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath			13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner	
14. KIND OF BUSINESS/INDUSTRY Auto Parts Store			15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
16. SPOUSE (If Married, Widowed) Beverly			17. RESIDENCE - STATE Oregon	
18. COUNTY Klamath			19. CITY, TOWN OR LOCATION Klamath Falls	
20. STREET AND NUMBER 2053 Lawrence			21. ZIP CODE 97601	
22. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:			23. RACE American Indian, Black, White, etc. (Specify) White	
24. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (1-4 or 5+) 4			25. FATHER - NAME first middle last Lawrence William CADA	
26. MOTHER - NAME first middle maiden Alva Helena Sterner			27. INFORMANT - NAME and relationship to decedent Beverly CADA / Wife	
28. METHOD OF DISPOSITION <input 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)			29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
30. LOCATION - City or Town, State Klamath Falls, Oregon			31. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature)	
32. LICENSE NUMBER (Of Licensee) 3409			33. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601	
34. DATE FILED (Month, Day, Year) JUL 10 1996			35. REGISTRAR'S SIGNATURE (Signature)	
36. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
37. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
38. TO BE COMPLETED BY CERTIFYING PHYSICIAN				
39. TIME OF DEATH 11:55 A.M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
40. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
41. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Lowell D. Smith</i>				
42. DATE SIGNED (Month, Day, Year) July 8, 1996				
43. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Lowell D. Smith, MD / 2510 Uhrmann Road / Klamath Falls, Oregon / 97601				
44. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
45. TO BE COMPLETED ONLY BY MEDICAL EXAMINER				
46. TIME OF DEATH M				
47. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M				
48. 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)				
49. DATE SIGNED (Month, Day, Year) COUNTY				
50. 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)				
51. (a) Acute Renal Failure with hyperkalemia				
52. DUE TO, OR AS A CONSEQUENCE OF				
53. (b) Carcinoid tumor metastatic to Liver				
54. DUE TO, OR AS A CONSEQUENCE OF				
55. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I				
56. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
57. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
58. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
59. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other				
60. DATE OF INJURY (Month, Day, Year)				
61. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
62. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
63. DESCRIBE HOW INJURY OCCURRED				
64. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)				
65. 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: JUL 10 1996

MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Beverly CADA the 22nd day of July A.D., 19 96 at 10:58 o'clock AM., and duly recorded in Vol. M96 of Deeds on Page 21892

FEE \$10.00

Return: Beverly CADA

By

Bernetha G Letsch, County Clerk

2053 Lawrence
Klamath Falls, Oregon 97601