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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 136
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: Velma Middle: Beryl Last: REED		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) February 16, 1995
4. SOCIAL SECURITY NUMBER 313-28-6822		5a. AGE Last Birthday (Years) 67	5b. Under 1 Day Mo. Days Mins.
6. BIRTHPLACE (City and State or Foreign Country) Eureka, California		7. DATE OF BIRTH (Month, Day, Year) April 8, 1927	
8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8b. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Foster Care			
9a. FACILITY NAME (If not institution, give street and number) 1832 Del Moro		9b. CITY, TOWN OR LOCATION OF DEATH Klamath Falls	
9c. 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) Frank Reed	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Klamath Falls	
13c. STREET AND NUMBER 2043 Eberlien			
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13e. ZIP CODE 97601	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, 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 (0-12) College (1-4 or 5+) 12			
17. FATHER - NAME first middle last Larkin - Cleveland		18. MOTHER - NAME first middle maiden Hattie May Hall	
19. INFORMANT - NAME and relationship to decedent Frank Reed - Spouse			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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) Eternal Hills Memorial Gardens	
20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING IN SUCH CAPACITY <i>[Signature]</i>		21b. LICENSE NUMBER (If Licensed) 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) FEB 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		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 6:00 P.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>[Signature]</i> M.D.			
30. DATE SIGNED (Month, Day, Year) 2/20/95			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) David S. Dasso M.D. 1905 Main Street Klamath Falls, Oregon 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
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			
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 (a) Heart failure - idiopathic		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(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? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No	
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 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"/> 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. 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)			

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ORIGINAL VITAL STATISTICS COPY

DATE ISSUED:

FEB 21 1995

JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of April Leifsrte the 25th day
of July A.D., 19 96 at 10:46 o'clock AM., and duly recorded in Vol. M96
of Deeds on Page 22445

Bernetha G Letsbh, County Clerk

FEE \$10.00

Return: April Leifsrte

By [Signature]4139 Summers Lane
Klamath Falls, Oregon 97602