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H-02388  
(S) TAG NO.  
**399**  
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH 136

State File Number

1. DECEASED'S NAME (Last, first, middle)  
**Loxle Mary GREENWOOD**

2. SEX  
**F**

3. DATE OF DEATH (Month, Day, Year)  
**August 19, 1996**

4. SOCIAL SECURITY NUMBER  
**543 30 9093**

5a. AGE Last Birthday (Years)  
**67**

5b. Under 1 Year  
Mos. Days Hours Mins.

6. BIRTH PLACE (City and State or Foreign)  
**Culver, Oregon**

7. DATE OF BIRTH (Month, Day, Year)  
**September 24, 1928**

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

9a. PLACE OF DEATH (Check only one)  
☐ Hospital ☐ Inpatient ☐ Outpatient ☐ DCA ☐ Other ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

9b. CITY, TOWN, OR LOCATION OF DEATH  
**Crescent**

9c. COUNTY OF DEATH  
**Klamath**

10. DECEASED'S USUAL OCCUPATION (Give kind of work describing most of working life. Do not use retired)  
**Postmaster**

10b. KIND OF BUSINESS/INDUSTRY  
**Postal**

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)  
**divorced**

12. SPOUSE (If Married, Widowed)  
**-**

13a. RESIDENCE - STATE  
**Oregon**

13b. COUNTY  
**Klamath**

13c. CITY, TOWN OR LOCATION  
**Crescent**

13d. STREET AND NUMBER  
**Mail Post 186 Hwy 97**

14. INSIDE CITY LIMITS?  
☐ Yes ☒ No

15. ZIP CODE  
**97733**

15a. RACE American Indian, Black, White, etc. (Specify)  
**White**

16. DECEASED'S EDUCATION (Specify only highest grade completed)  
**Elementary/Secondary (8-12) College (1-4 or 5+)**

17. FATHER - NAME first middle last  
**Carl Richard Hagman**

18. MOTHER - NAME first middle maiden  
**Ruby May Keeney**

19. INFORMANT - NAME and relationship to deceased  
**Gayle DePue - daughter**

20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)  
**Central Oregon Cremation Assoc. Bend, Oregon**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH  
*Ann Reynolds*

21b. LICENSE NUMBER (For licensees)  
**0087**

22. NAME, ADDRESS AND ZIP OF FACILITY  
**Niswonger-Reynolds, Inc.  
105 NW Irving Bend, OR 97701**

23. DATE FILED (Month, Day, Year)  
**AUG 22 1996**

24. REGISTRAR'S SIGNATURE  
*Lueylin Simonson*

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☒ NA

26. WAS GIFT MADE? YES ☒ NO ☐ NA

27. TIME OF DEATH  
**9:40 P M**

28. WAS MEDICAL EXAMINER NOTIFIED?  
☐ Yes ☒ No

29. TO the best of my knowledge, death occurred at the time, date, place and cause to the causing and manner stated.  
*Matthew Reynolds*

30. DATE SIGNED (Month, Day, Year)  
**8/20/96**

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print)  
**Matthew Reynolds - M.D. 1501 NE Medical Center Dr. Bend, Oregon 97701**

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

33. 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.

34. Interval between onset and death  
**4 years**

35. Interval between onset and death

36. Interval between onset and death

37. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

38. DID tobacco use contribute to the death?  
☐ Yes ☐ Probably ☒ No ☐ Unknown

39. AUTOPSY  
☐ Yes ☒ No

40. IF YES, were findings consistent with the manner of death?

41. DESCRIBE HOW INJURY OCCURRED

42. LOCATION (Street and Number or Rural Route Number, City or Town, State)

43. PLACE OF INJURY - At home, farm, school, factory, office, building etc. (Specify)

44. MANNER OF DEATH  
☐ Accidental ☐ Suicide ☐ Homicide ☐ Legal Intervention ☒ Natural

45. TIME OF INJURY

46. AT WORK  
☐ Yes ☒ No

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: **AUG 22 1996**

*Marlene Stevens*  
MARLENE STEVENS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON



Return to: **Niswonger-Reynolds, Inc.  
105 N.W. Irving  
Bend, OR 97701**

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Niswonger-Reynolds, Inc.** the **29th** day of **August** A.D., 19 **96** at **2:01** o'clock **P M.** and duly recorded in Vol. **M96** of **Deeds** on Page **26763**

FEE \$10.00

Bernetha G. Jetch County Clerk  
By *Ruth Ann Ross*