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Vol. 1796 Page 32001

OR
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PERMANENT
BLACK INKH-07288
I.D. TAG NO.3AA
Local File Number

WTC 39538
OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136

State File Number

DECEDENT

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1. DECEDENT'S First NAME Robert		Middle HUBBARD		Last HUBBARD		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) August 17, 1996
4. SOCIAL SECURITY NUMBER 331-18-7846		5a. AGE Last Birthday (Yr, Mo, D) 75	5b. Under 1 Year Mos. 1 Days 1 Hours 1 Mins. 1	5c. Under 1 Day Hours 1 Mins. 1	6. BIRTHPLACE (City and State or Foreign Country) Monticello, IL		7. DATE OF BIRTH (Month, Day, Year) April 16, 1921
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		HOSPITAL <input checked="" 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)		9a. PLACE OF DEATH (Check only one)			
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.) Farmer		10b. KIND OF BUSINESS/INDUSTRY Agriculture		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Patricia	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 4457 Memorie Lane	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603		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)		17. FATHER - Name first middle last Robert - Hubbard		18. MOTHER - Name first middle maiden Grace - Thorpe		19. INFORMANT - Name and relationship to deceased Patricia Hubbard - wife	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Maus. tomb <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) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3607		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601			
23. DATE FILED (Month, Day, Year) AUG 20 1996		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
26. WAS GIFT MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A							
<p>TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>27. TIME OF DEATH 19:30 M <input type="checkbox"/> P <input checked="" type="checkbox"/> A</p> <p>28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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></p> <p>30. DATE SIGNED (Month, Day, Year) 8/19/96</p> <p>31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) R. Rand Hale, MD 1000 Pine, Klamath Falls, OR 97601</p> <p>32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p>							
<p>TO BE COMPLETED ONLY BY MEDICAL EXAMINER</p> <p>31a. TIME OF DEATH M</p> <p>31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M</p> <p>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)</p> <p>33. DATE SIGNED (Month, Day, Year) COUNTY</p>							
<p>35. 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.)</p> <p>PART (a) ACUTE BILIR PNEUMONITIS Interval between onset and death 4 days</p> <p>DUE TO, OR AS A CONSEQUENCE OF</p> <p>(b) Interval between onset and death</p> <p>DUE TO, OR AS A CONSEQUENCE OF</p> <p>(c) Interval between onset and death</p> <p>PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not stated in the underlying cause given in PART I. Diabetes mellitus, an unhealed ulcer, and chronic pulmonary toxicity, consistent with ataxia</p> <p>37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown <input type="checkbox"/> No</p> <p>38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other</p> <p>41a. DATE OF INJURY (If 10b, Day, Year) INJURY</p> <p>41b. TIME OF INJURY M</p> <p>41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>41d. DESCRIBE HOW INJURY OCCURRED</p> <p>41e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)</p> <p>41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)</p>							

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DATE ISSUED: **AUG 20 1996**

MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 8th day
of October A.D., 19 96 at 3:47 o'clock P. M. and duly recorded in Vol. M96
of Deeds on Page 32001.

Bernetha G. Letsch

By

County Clerk
[Signature]

FEE \$10.00