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PERMANENT
BLACK INK194848
I.D. TAG NO.486
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136-

State File Number

1. DECEDENT'S NAME First: <u>Harry</u> Middle: <u>Lee</u> Last: <u>DECKER</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>October 16, 1996</u>
4. SOCIAL SECURITY NUMBER <u>543-20-6405</u>		5a. AGE-Last Birthday (Years) <u>68</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u>
5c. Under 1 Day Hours <u> </u> Mins. <u> </u>		6. BIRTHPLACE (City and State or Foreign Country) <u>Branson, MO.</u>	
7. DATE OF BIRTH (Month, Day, Year) <u>March 28, 1928</u>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>			
9b. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9d. COUNTY OF DEATH <u>Klamath</u>		10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Truck Driver</u>	
10b. KIND OF BUSINESS/INDUSTRY <u>Transportation</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed) <u>Sunny Decker</u>		13a. RESIDENCE - STATE <u>Oregon</u>	
13b. COUNTY <u>Klamath</u>		13c. CITY, TOWN OR LOCATION <u>Klamath Falls</u>	
13d. STREET AND NUMBER <u>2713 Madison</u> ✓		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (1-4 or 5+) <u> </u>	
17. FATHER - NAME first middle last <u>John Tilford Decker</u>		18. MOTHER - NAME first middle maiden <u>Nora Virginia Fisher</u>	
19. INFORMANT - NAME and relationship to deceased <u>Sunny Decker - Spouse</u>		20. METHOD OF DISPOSITION <input checked="" 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) <u> </u>	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Calvin A. W.</u>		21b. LICENSE NUMBER (Of Licensee) <u>3588</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Highway 39 Klamath Falls, OR. 97603</u>		23. DATE FILED (Month, Day, Year) <u>OCT 22 1996</u>	
24. REGISTRAR'S SIGNATURE <u>Marlene Blevins</u>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH <u>11:00 P. M.</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. WAS MEDICAL EXAMINER NOTIFIED? <u>Yes</u>		29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Blake D. Berven</u> M.D.	
30. DATE SIGNED (Month, Day, Year) <u> </u>		31. TIME OF DEATH <u>11:00 P. M.</u>	
32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u> </u>		33. DATE SIGNED (Month, Day, Year) <u> </u>	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Blake D. Berven M.D. 2616 Clover Klamath Falls, Oregon 97601</u>		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>	
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of death, e.g. Cardiac or Respiratory Arrest)			
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <u>Pneumonia</u>		Interval between onset and death <u>24 hrs</u>	
(b) DUE TO, OR AS A CONSEQUENCE OF: <u>Polymicrobial sepsis</u>		Interval between onset and death <u>14 days</u>	
(c) DUE TO, OR AS A CONSEQUENCE OF: <u>Colonic rupture due to diverticulitis</u>		Interval between onset and death <u>14 days</u>	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <u>COPD</u>			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		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 checked="" type="checkbox"/> No <input 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 Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other	
41a. DATE OF INJURY (Month, Day, Year) <u> </u>		41b. TIME OF INJURY <u> </u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED <u> </u>	
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u> </u>		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

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

DATE ISSUED: OCT 22 1996MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sunny Decker the 28th day of October A.D., 19 96 at 3:52 o'clock P. M., and duly recorded in Vol. M96 of Deeds on Page 34032.

FEE \$10.00

Bernetha G. Letsch

County Clerk
By Kathleen Rosa