36660

Vol. M97 Page 13063

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

068272
LO TAB NO.
328
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-
90-015204
State File Number

1. DECEDENT'S NAME: First: Lola	Middle: -	Last: STONE	2. SEX: F	3. DATE OF DEATH (Month, Day, Year): August 8, 1990	
4. SOCIAL SECURITY NUMBER: 566/28/3951	5a. AGE-Last Birthday (Years): 86	5b. Under 1 Year: Months / Days	5c. Under 1 Day: Hours / Minutes	6. BIRTHPLACE (City and State or Foreign Country): Pierekş, Ar.	7. DATE OF BIRTH (Month, Day, Year): August 31, 1903

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER: ☐ Nursing Home (Decedent's Home) ☐ Other (Specify)

9a. FACILITY NAME (If not institution, give street and number): 2142 Darrow Street	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.): Homemaker	10b. KIND OF BUSINESS/INDUSTRY: At Home	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed	12. SPOUSE (If Married, Widowed): Harry

13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 2142 Darrow Street

13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 97601	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify:	15. RACE - American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

17. FATHER - NAME: first: William / middle: - / last: Cox	18. MOTHER - NAME: first: Katie / middle: - / maiden: -	19. INFORMANT - NAME and relationship to deceased: Doyle Watson / Son	
20a. METHOD OF DISPOSITION: ☐ Cremation ☐ Donation ☒ Burial ☐ Removal from State ☐ 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 AS SUCH: James K. Ward	21b. LICENSE NUMBER (If Licensed): 3409	22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601	
23. DATE FILED (Month, Day, Year): AUG 10 1990	24. REGISTRAR'S SIGNATURE: Nancy Kennedy		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A	26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A		

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1745 H	28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ 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): M.D. Bideman MD

30. DATE SIGNED (Month, Day, Year): 8-9-90

31. NAME, FILE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Steven K. Bideman, MD / 2680 Uhrmann Road / Klamath Falls, Or. / 97601

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

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: H	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): H

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

34. 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) DUE TO, OR AS A CONSEQUENCE OF: Adenocarcinoma Right Lung with Bone and Brain Metastases		Interval between onset and death: 8 months
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c)		

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unk	38. AUTOPSY ☐ Yes ☒ No	39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A	

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY: H	41c. INJURY AT WORK? ☐ Yes ☐ 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)		

RESERVED FOR REGISTRAR'S USE

Return: Kosta' Spencer
419 Main St

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED DEC 03 1990

EDWARD A. JOHNSON II
STATE REGISTRAR

'97 APR 30 A10:55

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 30th day of April A.D., 19 97 at 10:55 o'clock A. M., and duly recorded in Vol. M97 of Deeds on Page 13063.

Bernetha G. Letsch, County Clerk

FEE $10.00 by Kathleen Rose