

38534

MTC 4/11/97 Page 16944

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

136

State File Number

234991

ID TAG NO.

157

Local File Number

1. DECEDENT'S NAME Reynold Harold OMHART		2. SEX Male		3. DATE OF DEATH (month, day, year) March 25, 1997	
4. SOCIAL SECURITY NUMBER 558-14-4973		5. AGE (month, day, year) 82		6. BIRTHPLACE (city and state of origin) Cambridge, NH	
7. DATE OF BIRTH (month, day, year) June 26, 1914		8. PLACE OF DEATH (check only one) ☐ Home ☐ Hospital ☐ Nursing Home ☐ Other (Specify)			
9. FACILITY NAME (if not hospital, give street and number) Plum Ridge Care Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		11. COUNTY OF DEATH Klamath	
12. DECEASED'S USAR (check only one) ☐ Yes ☐ No		13. DECEASED'S STATUS (check only one) ☐ Married ☐ Single ☐ Widowed ☐ Divorced		14. SPOUSE OF DECEASED (name, date of birth, date of death) Ethel Omhart	
15. RESIDENCE - STATE Oregon		16. RESIDENCE - COUNTY Klamath		17. RESIDENCE - CITY, TOWN, OR LOCATION Malin	
18. RESIDENCE - STREET AND NUMBER 25167 Stateline Road		19. DECEASED'S EDUCATION (check only one) ☐ High School ☐ College ☐ Graduate School			
20. DECEASED'S RACE (check only one) ☐ White ☐ Black ☐ Other (Specify)		21. DECEASED'S ETHNICITY (check only one) ☐ Mexican ☐ Puerto Rican ☐ Other (Specify)			
22. FATHER'S NAME (name, date of birth, date of death) Otto Omhart		23. MOTHER'S NAME (name, date of birth, date of death) Klone Tichie		24. INFORMANT (name and relationship to decedent) Ethel Omhart - Spouse	
25. METHOD OF DISPOSITION (check only one) ☐ Burial ☐ Cremation ☐ Other (Specify)		26. PLACE OF DISPOSITION (name of cemetery, crematorium, or other place) Ritual Hills Memorial Gardens		27. LOCATION (city or town, state) Klamath Falls, Oregon	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH James O. Ryan		29. LICENSE NUMBER (if any) CO-357		30. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 315 Pine St. Klamath Falls, OR 97601	
31. DATE FILED (month, day, year) MAR 28 1997		32. REGISTRAR'S SIGNATURE Marlene Stevine			
33. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL DISSECTION? YES ☐ NO ☐		34. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL DISSECTION? YES ☐ NO ☐			
35. TO BE COMPLETED BY CERTIFIED PHYSICIAN					
36. TIME OF DEATH 5:50 A.M.		37. DATE PROMULGATED DEAD (month, day, year) 3/26/97			
38. TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
39. TIME OF DEATH 5:50 A.M.		40. DATE PROMULGATED DEAD (month, day, year) 3/26/97			
41. TO BE COMPLETED BY CERTIFIED PHYSICIAN					
42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN Charles D. Bury, M.D., M.P.H., 2300 Commercial Street, Klamath Falls, OR 97601		43. NAME OF ATTENDING PHYSICIAN (if other than certifying physician or pathologist) Charles D. Bury			
44. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE, TERMINAL AND RISK FACTORS MADE OF CAUSE, e.g., Cancer of Prostate, Stroke)					
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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

DATE ISSUED: **MAR 28 1997**

Marlene Stevine
MARLENE STEVINE
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Amerititle** the **2nd** day
of **June** A.D., 19 **97** at **3:48** o'clock **P. M.** and duly recorded in Vol. **1897**
of **Deeds** on Page **16844**

FEE \$10.00

By **Bernetha G. Leitch, County Clerk**
Kathleen Ross