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MTC 41820-KA

CERTIFICATION OF VITAL RECORD

PERMANENT
BLACK INK223990
I.D. TAG NO.174
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>Marcella</u> Middle: <u>Hope</u> Last: <u>MURRAY</u>			2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>April 2, 1997</u>		
4. SOCIAL SECURITY NUMBER <u>541-54-0059</u>			5a. AGE-Last Birthday (Year) <u>94</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Cloquet, Minnesota</u>	7. DATE OF BIRTH (Month, Day, Year) <u>June 4, 1902</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 type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ERI/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) <u>812 Pacific Terrace</u>			9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9d. COUNTY OF DEATH <u>Klamath</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Homemaker</u>			10b. KIND OF BUSINESS/INDUSTRY <u>Own Home</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>	12. SPOUSE (If Married, Widowed, Divorced (Specify)) <u>Percy</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>812 Pacific Terrace</u>	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <u>97601</u>	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) <u>White</u>	
17. FATHER - NAME first middle last <u>Marsel - Sandon</u>			18. MOTHER - NAME first middle maiden <u>Helena - McGillivray</u>			19. INFORMANT - NAME and relationship to decedent <u>Rod Murray - son</u>
20a. METHOD OF DISPOSITION <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) <u>Mount Calvary Cemetery</u>			20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>			21b. LICENSE NUMBER (Of Licensee) <u>3607</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601</u>	
23. DATE FILED (Month, Day, Year) <u>APR 08 1997</u>			24. REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA						
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
27. TIME OF DEATH <u>15:10</u> M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) <u>Glenn G. Gailis MD</u>						
30. DATE SIGNED (Month, Day, Year) <u>4/7/97</u>						
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Glenn G. Gailis, MD 1905 Main St., Klamath Falls, OR 97601</u>						
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
36. 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) <u>STROKE</u>			Interval between onset and death <u>1 WEEK</u>			
DUE TO, OR AS A CONSEQUENCE OF:						
(b) <u>HYPERTENSION (Age 94)</u>			Interval between onset and death <u>YEARS</u>			
DUE TO, OR AS A CONSEQUENCE OF:						
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.						
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No <input type="checkbox"/> NA	
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"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other			41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY 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			
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)			

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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: APR 08 1997MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Rodney Murray the 10th day
of July A.D., 19 97 at 3:35 o'clock P. M., and duly recorded in Vol. M97
of Deeds on Page 21694.

FEE

\$10.00

Return: Rodney Murray
1945 Painter
KFO 97601

By

Bernetha G. Letsch, County Clerk

[Signature]