40392 Vol. M97 Page 21975

'97 JUL 14 P3:24

TYPE IN PERMANENT BLACK INK

224040 I.D. TAG NO.

349 Local File Number

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

136 State File Number

DECEDENT

1. DECEDENT'S NAME: First: Rosemary; Middle: Louise; Last: ROSE
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 3, 1997
4. SOCIAL SECURITY NUMBER: 296-46-0614
5a. AGE-Last Birthday (Years): 50
5b. If Under 1 Day: Mos. / Days / Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Cincinnati, Ohio
7. DATE OF BIRTH (Month, Day, Year): September 28, 1946
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): ☒ HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; ☐ OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
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): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Robert D.
12a. RESIDENCE - STATE: Oregon
12b. COUNTY: Klamath
12c. CITY, TOWN OR LOCATION: Klamath Falls
12d. STREET AND NUMBER: 1122 Laurel St.
13a. INSIDE CITY LIMITS? ☒ Yes ☐ No
13b. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
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+):

PARENTS

17. FATHER - NAME: first, middle, last: Edward - Springer
18. MOTHER - NAME: first, middle, maiden: Alice - Marsh
19. INFORMANT - NAME and relationship to deceased: Robert Rose - husband

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ 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:
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

REGISTRAR

23. DATE FILED (Month, Day, Year): JUL 08 1997
24. REGISTRAR'S SIGNATURE:
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR AUTHORIZATION FOR ANATOMICAL GIFT CONSIDER? ☒ YES ☐ NO ☐ NA
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ NA

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: M
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):
30. DATE SIGNED (Month, Day, Year):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 18:20 M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): July 3, 1997
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): 7/9/97
COUNTY: Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs, MD 2300 Clairmont, Klamath Falls, OR 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (STATING THE UNDERLYING CAUSE LAST)

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) Pulmonary Embolus, Large — Interval between onset and death: minutes
DUE TO, OR AS A CONSEQUENCE OF: (b) Thrombophlebitis — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Cardiomyopathy
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
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 ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year):
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED:
41a. 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

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

DATE ISSUED: JUL 14 1997

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY DEPARTMENT OF OREGON

STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of Robert Rose the 14th day of July A.D., 19 97 at 3:24 o'clock P M., and duly recorded in Vol. M97, of Deeds on Page 21975

FEE $10.00

Bernetha G. Letsch, County Clerk
By Kathleen Knee