41473

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol. M97 Page 23153

96-026723

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

217601 I.D. TAG NO.
567 Local File Number
136- State File Number

1. DECEDENT'S NAME (First / Middle / Last)	Charles Raymond OVERSON	2. SEX	Male
3. DATE OF DEATH (Month, Day, Year)	December 17, 1996		
4. SOCIAL SECURITY NUMBER	541-28-8002	5a. AGE-Last Birthday (Years)	69
5b. Under 1 Year (Mos. / Days)		5c. Under 1 Day (Hours / Mins.)	
6. BIRTHPLACE (City and State or Foreign Country)	McGill, Nevada	7. DATE OF BIRTH (Month, Day, Year)	October 27, 1927
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.)	Crane Operator	10b. KIND OF BUSINESS/INDUSTRY	Weyerhaeuser Timber Co.
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	Married	12. SPOUSE (If Married, Widowed)	Ramona Lee
13a. RESIDENCE - STATE	Oregon	13b. COUNTY	Klamath
13c. CITY, TOWN OR LOCATION	Klamath Falls	13d. STREET AND NUMBER	6235 Winema Way
13e. INSIDE CITY LIMITS?	☐ Yes ☐ No	13f. ZIP CODE	97603
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): 9	College (1-4 or 5+)	
17. FATHER - NAME first middle last	Elmer Ray Overson	18. MOTHER - NAME first middle maiden	Euthel Lorraine Kelley
19. INFORMANT - NAME and relationship to deceased	Ramona L. Overson, wife		
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, OR 97603		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	William F. Davenport	21b. LICENSE NUMBER (Of Licensee)	CO-3104
22. NAME, ADDRESS AND ZIP OF FACILITY	Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		
23. DATE FILED (Month, Day, Year)	DEC 19 1996	24. REGISTRAR'S SIGNATURE	Evelyn Simonson
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	1035 AM
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)	Blake Berven
30. DATE SIGNED (Month, Day, Year)	December 17, 1996
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)	Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

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

35. 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:	Acute myocardial infarction	Interval between onset and death: 12 hrs
(b) DUE TO, OR AS A CONSEQUENCE OF:	ASHD	Interval between onset and death: 10 yrs
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		Interval between onset and death

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. IN JURY 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

'97 JUL 23 A11:08

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

JUL 18 1997
DATE ISSUED

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Ramona L. Overson the 23rd day of July A.D., 19 97 at 11:08 o'clock A M., and duly recorded in Vol. M97, of Deeds on Page 23153.

Bernetha G. Letsch, County Clerk
By Kathleen Ross

FEE $10.00