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PERMANENT BLACK INK

168007 I.D. TAG NO.

342 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: Margaret; Middle: Elizabeth; Last: CLIFFORD
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 9, 1996
4. SOCIAL SECURITY NUMBER: 220-01-5573
5a. AGE-Last Birthday (Years): 84
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Solomans Island, MD
7. DATE OF BIRTH (Month, Day, Year): July 23, 1911
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): Foster Care
9b. FACILITY NAME (If not institution, give street and number): Carter Care Home, 3849 Summers Lane
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.): Owner & Operator
10b. KIND OF BUSINESS/INDUSTRY: Septic Tank Service
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Chester W. Clifford
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 3849 Summers Lane
13e. ZIP CODE: 97603
13f. INSIDE CITY LIMITS? ☐ Yes ☒ No
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+):

PARENTS

17. FATHER - NAME first middle last: William L. Horner
18. MOTHER - NAME first middle maiden: Margaret Elizabeth Dean
19. INFORMANT - NAME and relationship to deceased: Nancy Holmes - Daughter

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): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O Epps
21b. LICENSE NUMBER (Of Licensee): 3572
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine Street, Klamath Falls 97601
23. DATE FILED (Month, Day, Year): JUL 15 1996
24. REGISTRAR'S SIGNATURE: Evelyn Simpson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 6:30 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): [signature] M.D.
30. DATE SIGNED (Month, Day, Year): 7-10-96

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Steven K. Bidleman, M.D., 2680 Uhrmann Road, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

CAUSE OF DEATH

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) Frontal Meningioma — Interval between onset and death: Unknown
DUE TO, OR AS A CONSEQUENCE OF: (b) — 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: Urinary Infection
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
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: Item 18, corrected by Funeral Home Affidavit, 8-13-96 #27668,

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

DATE ISSUED: SEP 04 1996

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Nancy Holmes the 24th day of June A.D., 19 98 at 2:40 o'clock P.M., and duly recorded in Vol. M98 of Deeds on Page 22068.

FEE $10.00

Return: Nancy Holmes
1259 Shadow Lane
KFO 97601

Bernetha G. Letsch, County Clerk
By Kathleen Ross

98 JUN 24 P 2:40