

61027

OREGON HEALTH DIVISION

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257643
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISIONCENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136

Local File Number

State File Number

1. DECEDENT'S NAME First: Ruth, Middle: Ellen, Last: HAMD			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) June 22, 1998
4. SOCIAL SECURITY NUMBER 474-24-9605	5a. AGE-Last Birthday (Years) 88	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	7. DATE OF BIRTH (Month, Day, Year) December 16, 1909
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 checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify): <u>Home</u>		
9b. FACILITY NAME (If not institution, give street and number) 1206 Carlyle		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		
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) Widowed
12. SPOUSE (If Married, Widowed) Albert		13a. RESIDENCE - STATE Oregon		
13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		
13d. STREET AND NUMBER 5517 Balsam Dr.		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2		
17. FATHER - NAME first middle last Edwin P. Wyandt		18. MOTHER - NAME first middle maiden Anna - Larsen		19. INFORMANT - NAME and relationship to deceased Lorraine Adamek, daughter
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		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 OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (Of Licensee) 3607		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year) JUN 24 1998		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

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TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 0400	28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31a. TIME OF DEATH 0400	31b. DATE PRONOUNCED DEAD (Month, Day, Year) M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		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) <i>[Signature]</i>	
30. DATE SIGNED (Month, Day, Year) JUN 24 1998		33. DATE SIGNED (Month, Day, Year) 6-23-98	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert N. Edwards, MD 4509 S. 6th, Suite 311, Klamath Falls, OR 97603		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
36. PART I (a) Undetermined Natural Causes DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Unknown	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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"/> N/A	
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 type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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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.

DATE ISSUED JUN 24 1998

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of LORRAINE ADAMEK the 26TH day of JUNE A.D., 19 98 at 3:52 o'clock P. M., and duly recorded in Vol. M98 of DEEDS on Page 22623

FEE \$10.00

RET: LORRAINE ADAMEK
6238 WINEMA WAY
KLAMATH FALLS, OR 97603By Bernetha G. Letsch, County Clerk
[Signature]