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I.D. TAG NO.

173

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME First Middle Last Fern Marie MUSGROVE		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) April 5, 1998
4. SOCIAL SECURITY NUMBER 541-14-3201	5a. AGE-Last Birthday (Years) 78	5b. Under 1 Year Mos. Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Sacramento, CA
7. DATE OF BIRTH (Month, Day, Year) February 9, 1920		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"/> DWA <input type="checkbox"/> OTHER		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) Widowed		12. SPOUSE (If Married, Widowed) Orval K. Musgrove	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 1713 Patterson Street	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes White		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)			
17. FATHER - NAME first middle last Chester Christensen		18. MOTHER - NAME first middle maiden Nan Benson	
19. INFORMANT - NAME and relationship to decedent Sharon Ellis - Daughter			
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) 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>James O. O'Hair</i>		21b. OREGON LICENSE NO. (If known) CO-3572	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel		23. DATE FILED (Month, Day, Year) APR 07 1998	
24. REGISTRAR'S SIGNATURE <i>Leslie Simonson</i>			

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH
6:51 P.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)
Jeri L. Britsch M.D.30. DATE SIGNED (Month, Day, Year)
4-6-9831. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Jeri L. Britsch, M.D., 1905 Main Street, Klamath Falls, Oregon 97601

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