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Vol. M98 Page 23811

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I.D. TAG NO.

164

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136

State File Number

DECEDENT

1
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5
6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

0

1

CERTIFIER

2

3

4

CONDITIONS

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

CAUSE OF

DEATH

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1. DECEDENT'S NAME First: Wesley Middle: Knowles Last: HAYES		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) March 30, 1997
4. SOCIAL SECURITY NUMBER 563-09-6959		5a. AGE Last Birthday (Years) 85	5b. Under 1 Year: Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Pasadena, CA		7. DATE OF BIRTH (Month, Day, Year) February 1, 1912	
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 type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> BOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Foster Care			
9b. FACILITY NAME (If not institution, give street and number) Home Sweet Home, 2825 Wantland Avenue		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.) Engineer		10b. KIND OF BUSINESS/INDUSTRY Los Angeles City Fire Department	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Kathryn N. Hayes	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Chiloquin	
13c. STREET AND NUMBER 19341 Sprague River Road			
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 5+) 12			
17. FATHER - NAME: first middle last George Herbert Hayes		18. MOTHER - NAME: first middle maiden Bessie Brauer	
19. INFORMANT - NAME and relationship to deceased Marilyn C. Krechel, daughter			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Simonsen Crematory		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Ashland, OR 97520	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles Christensen</i>		21b. LICENSE NUMBER (Of Licensee) FS-0124	
22. NAME, ADDRESS AND ZIP OF FACILITY of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194			
23. DATE FILED (Month, Day, Year) APR 01 1997		24. REGISTRAR'S SIGNATURE <i>Marlene Blevins</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 1905 P M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <i>Charles Christensen</i>			
30. DATE SIGNED (Month, Day, Year) March 31, 1997			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles Christensen, MD, 1900 Main Street, Klamath Falls, Oregon 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) PNEUMONIA		Interval between onset and death 3 weeks	
DUE TO, OR AS A CONSEQUENCE OF:			
(b) ASPIRATION		Interval between onset and death 4 months	
DUE TO, OR AS A CONSEQUENCE OF:			
(c) DEMENTIA		Interval between onset and death 2 yrs	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I COPD			
34. 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		35. DATE OF INJURY (Month, Day, Year)	
36. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		39. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
40. DESCRIBE HOW INJURY OCCURRED			
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No			
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
39. If YES mark findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			

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

DATE ISSUED: APR 01 1997

MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of BRANDSNESS the 6TH day
of JULY A.D., 19 98 at 3:36 o'clock P M., and duly recorded in Vol. M98
of DEEDS on Page 23811FEE \$10.00 RETURN: BRANDSNESS
410 PINE ST
KLAMATH FALLS 97601By Bernetha G. Letsch, County Clerk
Kathleen Ross