

MTC 45389-MS

## CERTIFICATION OF VITAL RECORD

IN PERMANENT BLACK INK		224040 I.D. TAG NO. 349 Local File Number		OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH 136		State File Number	
1. DECEDENT'S First Name <b>Rosemary</b>		Middle <b>Louise</b>		Last <b>ROSE</b>		2. SEX <b>Female</b>	
4. SOCIAL SECURITY NUMBER <b>296-46-0614</b>		5a. AGE-Last Birthday (Years) <b>50</b>		5b. Under 1 Year: Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign) <b>Cincinnati, Ohio</b>	
7. DATE OF BIRTH (Month, Day, Year) <b>September 28, 1946</b>		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9. COUNTY OF DEATH <b>Klamath</b>		10. DATE OF DEATH (Month, Day, Year) <b>July 3, 1997</b>	
11. FACILITY NAME (If not institution, give street and number) <b>Merle West Medical Center</b>		12. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		13. STREET AND NUMBER <b>1122 Laurel St.</b>		14. DECEASED'S EDUCATION (Specify only highest grade completed) <b>Elementary/Secondary (8-12) College (14 or 5+)</b>	
15. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Homemaker</b>		16. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		18. SPOUSE (If Married, Widowed) <b>Robert D.</b>	
19. RESIDENCE - STATE <b>Oregon</b>		20. COUNTY <b>Klamath</b>		21. CITY, TOWN OR LOCATION <b>Klamath Falls</b>		22. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
23. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24. ZIP CODE <b>97601</b>		25. 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		26. DECEASED'S EDUCATION (Specify only highest grade completed) <b>12</b>	
27. FATHER - NAME first middle last <b>Edward - Springer</b>		28. MOTHER - NAME first middle maiden <b>Alice - Marsh</b>		29. INFORMANT - NAME and relationship to deceased <b>Robert Rose - husband</b>		30. LOCATION - City or Town, State	
31. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		32. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Eternal Hills Memorial Gardens</b>		33. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>		34. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
35. LICENSE NUMBER (If Licensee) <b>3607</b>		36. NAME, ADDRESS AND ZIP OF FACILITY <b>Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601</b>		37. REGISTRAR'S SIGNATURE <i>[Signature]</i>		38. DATE FILED (Month, Day, Year) <b>JUL 09 1997</b>	
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		41. TO BE COMPLETED BY CERTIFYING PHYSICIAN		42. TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
43. TIME OF DEATH <b>18:20</b>		44. DATE PRONOUNCED DEAD (Month, Day, Year) <b>July 3, 1997</b>		45. 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>		46. DATE SIGNED (Month, Day, Year) <b>7/9/97</b>	
47. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) <b>James N. Beggs, MD 2300 Clairmont, Klamath Falls, OR 97601</b>		48. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		49. 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.)		50. INTERVAL between onset and death	
51. (a) Pulmonary Embolus, large		52. DUE TO, OR AS A CONSEQUENCE OF:		53. (b) Thrombophlebitis		54. INTERVAL between onset and death	
55. (c) Cardiomypathy		56. DUE TO, OR AS A CONSEQUENCE OF:		57. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in PART I)		58. INTERVAL between onset and death	
59. 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"/> Logical Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		60. DATE OF INJURY (Month, Day, Year)		61. TIME OF INJURY <b>M</b>		62. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
63. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		64. DESCRIBE HOW INJURY OCCURRED		65. LOCATION (Street and Number or Rural Route Number, City or Town, State)		66. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
67. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		68. IF YES were findings considered in determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		69. RESERVED FOR REGISTRAR'S USE		70. THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.	

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DATE ISSUED: **JUL 14 1997**MARLENE BLEVINS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ameri title the 28th day of July A.D., 19 98 at 3:42 o'clock P. M., and duly recorded in Vol. M98 of Deeds on Page 27695

FEE \$10.00

By Bernetha G. Letsch, County Clerk  
Kathleen Ross