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225040
I.D. TAG NO.

2207
Local File Number

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

State File Number

1. DECEDENT'S NAME: First: Vera; Middle: A.; Last: ROGERS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 26, 1997
4. SOCIAL SECURITY NUMBER: 516-30-2890
5a. AGE-Last Birthday (Years): 87
5b. If Under 1 Year: Months / Days / Hours / Minutes
5c. BIRTHPLACE (City & State or Foreign Country): Tonia, Kansas
6. DATE OF BIRTH (Month, Day, Year): August 16, 1909
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8. PLACE OF DEATH (Check only one): ☐ HOSPITAL ☐ Inpatient ☐ Emergency ☐ DOA ☐ OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): 26706 Rocky Point Rd.
9b. CITY, TOWN, OR LOCATION OF DEATH: Rocky Point
9c. 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): Married
12. SPOUSE (If married, Widowed): Stanley
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Rocky Point
13d. STREET AND NUMBER: 26706 Rocky Point Rd.
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (If "Yes," specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
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+): 2yr
17. FATHER'S NAME: first, middle, last: Jesse C. Griggs
18. MOTHER'S NAME: first, middle, maiden: Ella -- Emsiol
19. INFORMANT - NAME and relationship to deceased: Stanley Rogers - Spouse
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ 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 FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jan Sandberg
21b. LICENSE NUMBER (Of licensee): AE-1813
22. NAME, ADDRESS AND ZIP OF FACILITY: 4711 Hwy 39 Eternal Hills Funeral Home Klamath Falls, Oregon 97603
23. DATE FILED (Month, Day, Year): JUN 03 1997
24. REGISTRAR'S SIGNATURE: Evelyn Simpson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR MEDICAL GIFT CONSENT? LIVER ☐ KIDNEY ☐ HEART ☐ EYES ☐ NONE ☒
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 12:10 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)
30. DATE SIGNED (Month, Day, Year): May 30 1997
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): James F. Calvert MD 2800 Daisy H Ave Klamath Falls 97601
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: N M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of investigation 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

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

34. 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) Alzheimer's Stroke — Interval between onset and death: 5
(b) DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF — 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.
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
41. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
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

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

DATE ISSUED: JUN 13 1998

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Melvin Ferguson the 5th day of August A.D., 19 98 at 2:44 o'clock P.M., and duly recorded in Vol. M98, of Deeds on Page 28726.

Return: Melvin Ferguson
514 Walnut Ave.
KFO 97601

FEE $10.00

Bernetha C. Letsch, County Clerk
By Kathleen Rose

98 AUG -5 P2:44