

CERTIFICATION OF VITAL RECORD

63322

Vol. 1198 Page 40838
MTC 40144-M9

PERMANENT
BLACK INK

253703
ID TAG NO
449

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

136

State File Number

After recording, return to: Thomas John DePew 5889 Wocus Road, Klamath Falls, OR 97603

1 DECEDENT'S NAME First Middle Last Wallace Lee DePEW		2 SEX Male	3 DATE OF DEATH (Month Day Year) September 16, 1998
4 SOCIAL SECURITY NUMBER 555-22-8967	5a AGE Last Birthday (Years) 75	5b Under 1 Year Mos Days	5c Under 1 Day Hours Mins
6 BIRTHPLACE (City and State or Foreign Country) Tacoma, WA		7 DATE OF BIRTH (Month Day Year) January 18, 1923	
8 PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> CDSB <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9 FACILITY NAME (City and location give street and number) Merle West Medical Center		10 CITY, TOWN OR LOCATION OF DEATH Klamath Falls	11 COUNTY OF DEATH Klamath
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life) Grounds & Eldg Maintenance		12b KIND OF BUSINESS/INDUSTRY City of Klamath Falls	12c MARITAL STATUS - Married Never Married Widowed Divorced (Specify) Widowed
12d SPOUSE (Name and Maiden Name) Violet K. DePew		13a RESIDENCE - STATE Oregon	
13b COUNTY Klamath		13c CITY, TOWN OR LOCATION Klamath Falls	
13d STREET AND NUMBER 2327 Darrow Avenue		14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
15 RACE White		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 16)	
17 FATHER'S NAME (First Middle Last) Raymond Crecolius DePew		18 MOTHER'S NAME (First Middle Last) Florence Lillian Monk	
19 INFORMANT - Name and relationship to decedent Thomas J. DePew, son		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) Klamath Memorial Park		20c LOCATION - City or Town State Klamath Falls, OR 97601	
21a SIGNATURE OF OFFICER (Nurse, Funeral Service Licensee or Person Acting as Such) William J. Davenport		21b OFFICIAL LICENSE NO. (Of Licensee) CO-3104	
22 NAME, ADDRESS AND ZIP OF FACILITY (Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194)		23 DATE FILED (Month Day Year) SEP 21 1998	
24 REGISTRAR'S SIGNATURE Nancy Kennedy		25 RESERVED FOR REGISTRATION USE	
26 TIME OF DEATH 1705 P.M. - Five:05		27 WAS MEDICAL EXAMINER NOTIFIED? Yes	
28 DATE SIGNED (Month Day Year) September 21, 1998		29 NAME, TITLE, ADDRESS AND ZIP OF CLERK (FURNISH MEDICAL EXAMINER'S CITY OF APPOINTMENT) G. Craig Merhoff, MD, 2850 Daggett Avenue, Klamath Falls, Oregon 97601	
30 NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or Print) William J. Davenport		31 NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or Print) William J. Davenport	
32 IMMEDIATE CAUSE (ENTER ON SEPARATE LINE) (Type or Print) Metastatic Cancer		33 INTERVAL BETWEEN ONSET AND DEATH 10 days	
34 IMMEDIATE CAUSE (ENTER ON SEPARATE LINE) (Type or Print) Metastatic Cancer		35 INTERVAL BETWEEN ONSET AND DEATH 10 days	
36 IMMEDIATE CAUSE (ENTER ON SEPARATE LINE) (Type or Print) Metastatic Cancer		37 INTERVAL BETWEEN ONSET AND DEATH 10 days	
38 IMMEDIATE CAUSE (ENTER ON SEPARATE LINE) (Type or Print) Metastatic Cancer		39 INTERVAL BETWEEN ONSET AND DEATH 10 days	
39 IMMEDIATE CAUSE (ENTER ON SEPARATE LINE) (Type or Print) Metastatic Cancer		40 INTERVAL BETWEEN ONSET AND DEATH 10 days	
41 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal (Specify) <input type="checkbox"/> Other		42 DATE OF INJURY (Month Day Year) AND TIME OF INJURY	
43 PLACE OF INJURY - At Home, Farm, Street, Factory, Office, Building, etc. (Specify)		44 DESCRIBE HOW INJURY OCCURRED	



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

SEP 21 1998

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of Amerititle the 9th day of November A.D., 19 98 at 11:08 o'clock A.M., and duly recorded in Vol. M98 of Deeds on Page 40838.

FEE \$10.00

By Bernetha G. Letsch, County Clerk