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OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 130
CERTIFICATE OF DEATH

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1. DECEASED'S FIRST NAME Watson		MIDDLE NAME Lenday		LAST NAME HARRON		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) December 2, 1998	
4. SOCIAL SECURITY NUMBER 448-16-8323		5a. AGE LAST BIRTHDAY (Years) 72		5b. Under 1 Year None		5c. Under 1 Day None		5d. BIRTHPLACE (CITY and STATE or Foreign Country) Salem, OR	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7a. PLACE OF DEATH (CITY and STATE) Hospital		7b. PLACE OF DEATH (CITY and STATE) Other		7c. PLACE OF DEATH (CITY and STATE) Nursing Home		7d. PLACE OF DEATH (CITY and STATE) Resident's Home	
8. FACILITY NAME (if not institution, give name and number) Klamath West Medical Center		9. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		10. COUNTY OF DEATH Klamath		11. MARITAL STATUS: Married Never Married, Widowed, Divorced (Specify)		12. SPOUSE (if Married, Widowed, Divorced) Lois DeGrilla	
13. DECEASED'S USUAL OCCUPATION (TYPE kind of work done during most of working life) Security Officer		14. KIND OF BUSINESS/INDUSTRY Prospecton Services		15. STREET AND NUMBER 4451 Clinton		16. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)		17. DECEASED'S EDUCATION (Specify only highest grade completed) College (14 or 5+)	
18. RESIDENCE - STATE Oregon		19. COUNTY Klamath		20. CITY, TOWNSHIP, LOCATION Klamath Falls		21. RACE: American Indian White		22. INFORMANT - NAME and relationship to deceased Lois Harron - Wife	
23a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		23b. ZIP CODE 97603		23c. WAS DECEASED OF HISPANIC ORIGIN? Specify No or Yes, Latin, Mexican, Cuban, Mexican, Puerto Rican, etc. (Specify)		23d. PLACE OF BURIAL Cemetery		23e. EDUCATION - City or Town, State Clinton, OR	
24. FATHER - NAME first: Joshua middle: Warren		25. MOTHER - NAME first: Wormen middle: Madeline		26. BROTHERS, SISTERS, AND NIECES None		27. INFORMANT - NAME and relationship to deceased Lois Harron - Wife		28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS FUNERAL DIRECTOR Rubina Qamar	
29. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from Body <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		30. PLACE OF DISPOSITION (Name of Cemetery, Cemetery or other place)		31. LICENSE NUMBER 6284		32. PLACE, ADDRESS AND ZIP OF FACILITY Clinton, OR		33. DATE FILED (Month, Day, Year) DEC 07 1998	
34. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL DICT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		35. DATE OF DEATH 12-2-98		36. TIME OF DEATH 9:55 AM		37. TIME OF DEATH 12-2-98		38. DATE PROCLAIMED DEAD (Month, Day, Year) 12-2-98	
TO BE COMPLETED ONLY BY CERTIFIED MEDICAL EXAMINER									
TO BE COMPLETED ONLY BY MEDICAL EXAMINER									
27. TIME OF DEATH 9:55 AM		28. WAS MEDICAL EXAMINED, NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29. TIME OF DEATH 12-2-98		30. TIME OF DEATH 12-2-98		31. DATE PROCLAIMED DEAD (Month, Day, Year) 12-2-98	
32. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND IN THE MANNER STATED DUE TO THE CAUSE(S) AND MANNER STATED (Signature) Rubina Qamar									
33. DATE SIGNED (Month, Day, Year) 12-2-98									
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIED MEDICAL EXAMINER (Physician) Rubina Qamar, M.D.									
35. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIED MEDICAL EXAMINER) Rubina Qamar, M.D.									
36. IMMEDIATE CAUSES (ENTER ONLY ONE CAUSE PER LINE FOR MALE AND FEMALE AND ENTER SEPARATELY, e.g. Cancer or Pulmonary Embolus) PART I a) Acute Pulmonary Embolism DUE TO, OR AS A CONSEQUENCE OF: b) Non-Small Cell Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: c)									
PART II H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I									
40. 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"/> Legal intervention		41a. DATE OF INJURY (Month, Day, Year) 12-2-98		41b. TIME OF INJURY 12-2-98		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. DESCRIBE HOW DEATH OCCURRED Death due to cancer	
43. DATE OF INJURY (Month, Day, Year) 12-2-98		44. TIME OF INJURY 12-2-98		45. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		46. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		47. IS YES SAME ANSWER CONCERNED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
48. PLACE OF INJURY - At home (not other residence), office, building, etc., location Building site, Klamath									
49. LOCATION (Street and Number or Rural Route Number, City or Town, State) Klamath Falls, OR									

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STATE SOCIETY

DEC 07 1993

STATE OF OREGON: COUNTY OF KLAMATH:

Filed for record at request of Lois Warren the 7th day
of December A.D. 1998 at 2:20 o'clock P. M., and duly recorded in Vol. M98
of Deeds on Page 44600.

FEE \$10.00

By Bernetha G. Letsch, County Clerk
Kathleen Rosa