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PERMANENT BLACK INK

H-15087
I.D. TAG NO.

571
Local File Number

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

136-
State File Number

1. DECEDENT'S NAME: First: Marva; Middle: Louise; Last: HUSBAND
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 2, 1998
4. SOCIAL SECURITY NUMBER: 571-52-8188
5a. AGE-Last Birthday (Years): 56
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Baraboo, Wisconsin
7. DATE OF BIRTH (Month, Day, Year): January 22, 1942
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA
9a. PLACE OF DEATH (Check only one): OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
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.): Certified Nursing Assist.
10b. KIND OF BUSINESS/INDUSTRY: Hospital
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12. SPOUSE (If Married, Widowed): - -
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 3333 Anderson, sp. 27
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - Yes, Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Other Spanish/Hispanic) ☒ No ☐ Yes (Specify)
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 1
17. FATHER - NAME: First: Harley; Middle: ; Last: Maryland
18. MOTHER - NAME: First: Brien; Middle: ; Last: Rockhill
19. INFORMANT - NAME and relationship to deceased: Debbie Baley, daughter
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Entombment
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Creations
20c. LOCATION - City or Town, State: Klamath Falls, OR 97601
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. OREGON LICENSE NO. (Of Licensee): 3607
22. NAME, ADDRESS AND ZIP OF FACILITY: Wards Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): DEC 03 1998
24. REGISTRAR'S SIGNATURE: [signature]
RESERVED FOR REGISTRAR'S USE:

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0838 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): [signature]
30. DATE SIGNED (Month, Day, Year): 12-2-98
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Type or Print): David Panossian, MD 2628 Campus Dr., Klamath Falls, OR 97601
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

PART I (a) Adult Respiratory Distress Syndrome — Interval between onset and death: days
(b) Sepsis — Interval between onset and death: days
(c) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:

PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I: Diabetes Mellitus, Peripheral Vascular Disease

37. Did tobacco use contribute to this 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
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
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:

42a. Time of Death
42b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
42c. 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)
43. DATE SIGNED (Month, Day, Year)
COUNTY

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

DATE ISSUED: DEC 03 1998

NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Debbie Baley the 8th day of December A.D., 19 98 at 11:51 o'clock A. M., and duly recorded in Vol. M98 of Deeds on Page 44748.

FEE $10.00

Return: Debbie Baley
P.O. Box 783
KFO 97601

By Bernetha G. Letsch, County Clerk