094074
I.D. TAG NO.

466
Local File Number

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

136-
State File Number

99 APR -8 P2:05

Field	Entry
1. Decedent's Name (First, Middle, Last)	Patrick John PENNY
2. Sex	Male
3. Date of Death (Month, Day, Year)	October 23, 1992
4. Social Security Number	564-84-9607
5a. Age-Last Birthday (Years)	41
5b. Under 1 Year (Mos., Days)	
5c. Under 1 Day (Hours, Mins.)	
6. Birthplace (City and State or Foreign Country)	Los Angeles, CA
7. Date of Birth (Month, Day, Year)	December 2, 1950
8. Was decedent ever in U.S. Armed Forces?	☐ Yes ☒ No
9a. Place of Death (Check only one)	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify) U.S. Highway
9b. Facility Name (If not institution, give street and number)	Fish Hole Creek Road
9c. City, Town, or Location of Death	Bly
9d. County of Death	Klamath
10a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired.)	Pipe Fitter
10b. Kind of Business/Industry	Construction
11. Marital Status - Married, Never Married, Widowed, Divorced (Specify)	Married
12. Spouse (If Married, Widowed)	Roxanna Penny
13a. Residence - State	Oregon
13b. County	Klamath
13c. City, Town or Location	Beatty
13d. Street and Number	Mile Post 41, Hwy. 140 BOX 215
13e. Inside City Limits?	☒ Yes ☐ No
13f. Zip Code	97621
14. Was decedent of Hispanic origin? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ 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+): 2
17. Father - Name (first, middle, last)	Robert F. Penny
18. Mother - Name (first, middle, maiden)	Barbara N. McConnell
19. Informant - Name and relationship to deceased	Roxanna Penny Spouse
20a. Method of Disposition	☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. Place of Disposition (Name of cemetery, crematory, or other place)	Klamath Cremation Service
20c. Location - City or Town, State	Klamath Falls, Oregon
21a. Signature of Funeral Service Licensee or Person Acting as Such	[signature]
21b. License Number (Of Licensee)	52-0297
22. Name, Address and Zip of Facility	O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601
23. Date Filed (Month, Day, Year)	OCT 27 1992
24. Registrar's Signature	Charla Robinson
25. Did hospital representative make request for anatomical gift consent?	☐ Yes ☒ No ☐ N/A
26. Was gift made?	☐ Yes ☒ No ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

Field	Entry
27. Time of Death	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)	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

Field	Entry
31a. Time of Death	10:25 P M
31b. Date Pronounced Dead (Month, Day, Year, Hour)	October 23, 1992 10:25P M
32. 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)	[signature] M.D.
33. Date Signed (Month, Day, Year)	
County	Klamath

34. Name, Title, Address and Zip of Certifier/Medical Examiner (Type or Print): James N. Beggs M.D. 2300 Clairmont Street Klamath Falls, Oregon 97601

35. Name of Attending Physician if Other Than Certifier (Type or Print):

36. 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

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

PART I
(a) Head injury with skull fractures and probable cervical spine fracture — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — 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

Field	Entry
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 ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. Date of Injury (Month, Day, Year)	10-23-92
41b. Time of Injury	10:25P M
41c. Injury at Work?	☐ Yes ☒ No
41d. Describe How Injury Occurred	Driver of vehicle ran off road and overturned, ejecting driver.
41e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	U.S. Highway
41f. Location (Street and Number or Rural Route Number, City or Town, State)	Fish Hole Creek Road, Bly, Oregon

RESERVED FOR REGISTRAR'S USE

45-2 Rev 7/91

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DATE ISSUED OCT 27 1992

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY DEPARTMENT ... OREGON

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Gary R. Penny the 8th day of April A.D. 1999 at 2:05 o'clock P. M., and duly recorded in Vol. M99 of Deeds on Page 12658

Gary R. Penny
1936 Lancaster Ave.
KFO Or. 97601

Linda Smith, County Clerk

FEE $10.00

by Kathleen Ross