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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: Anne Middle: Elizabeth Last: LANE		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) May 22, 1999
4. SOCIAL SECURITY NUMBER 547-34-6403	5a. AGE-Last Birthday (Years) 69	5b. Under 1 Year MOS. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Fort Riley, Kansas
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		8. PLACE OF DEATH (Check only one) ☐ Hospital ☐ Inpatient ☐ EMO Outpatient ☐ DOA ☐ OTHER ☒ Nursing Home ☒ Decedent's Home ☐ Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) 1211 Chocktoot		9b. CITY, TOWN, OR LOCATION OF DEATH Chiloquin	
9c. COUNTY OF DEATH Klamath		9d. 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) Noel W. Lane	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Chiloquin		13d. STREET AND NUMBER 1211 Chocktoot	
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No		13f. ZIP CODE 97624	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - 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) 3		17. FATHER - NAME first middle last Matthias - Dollinsky	
18. MOTHER - NAME first middle maiden Frances - Strolis		19. INFORMANT - NAME and relationship to deceased Noel Lane Jr. - husband	
20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pyramid Cremations	
21. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON IN CHARGE <i>[Signature]</i>		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, inc. 1945 Main, Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year) MAY 25 1999		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 2035		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) <i>Saul Silverman</i>			
30. DATE SIGNED (Month, Day, Year) 5-24-99			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Saul Silverman, MD 2610 Uhrmann Rd., Klamath Falls, OR 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
37. Did tobacco use contribute to the death? ☐ Yes ☒ No		38. AUTOPSY ☐ Yes ☒ No	
39. If YES were findings considered in determining cause of death?		40. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other	
41a. 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)	

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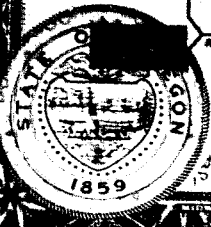
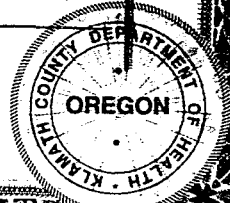
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MAY 25 1999

DATE ISSUED

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGONRev. Nancy Kennedy
P.O. Box 697
Chiloquin 97624

21400

State of Oregon, County of Klamath
Recorded 6/01/99, at 11:30 a.m.
In Vol. M99 Page 21399
Linda Smith, County Clerk
Fee \$ 15-

Linda Smith

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