CERTIFICATION OF VITAL RECORD

Vol M99 Page 25388

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225047
I.D. TAG NO.

312
Local File Number

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

136-
State File Number

DECEDENT

1 DECEDENT'S NAME: First: Evadna; Middle: --; Last: PAXTON
2 SEX: Female
3 DATE OF DEATH (Month, Day, Year): June 11, 1997
4 SOCIAL SECURITY NUMBER: 540-20-2517
5a AGE Last Birthday (Years): 75
5b Under 1 Year: Months / Days
5c Under 1 Day: Hours / Minutes
6 BIRTHPLACE (City and State or Foreign Country): Ontario, Oregon
7 DATE OF BIRTH (Month, Day, Year): June 26, 1921
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)
9b FACILITY NAME (If not institution, give street and number): 1027 Laurel Street
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.): Counselor
10b KIND OF BUSINESS/INDUSTRY: Juvenile Department
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12 SPOUSE (If Married, Widowed): John Paxton
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 1027 Laurel Street
13e INSIDE CITY LIMITS? ☐ Yes ☒ No
13f ZIP CODE: 97603
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+

PARENTS

17 FATHER - NAME first middle last: Henry A. Casiday
18 MOTHER - NAME first middle maiden: Lois -- Sweek
19 INFORMANT - NAME and relationship to deceased: John Paxton - Spouse

DISPOSITION

20a METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
20c LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Sandra W. Paxton
21b LICENSE NUMBER (Or Licensee): AF - 1511
22 NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home; 4711 HWY 39; K-Falls, Oregon 97603
23 DATE FILED (Month, Day, Year): JUN 16 1997
24 REGISTRAR'S SIGNATURE: Marilyn Simpson
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26 WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 0930 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] M.D.
30 DATE SIGNED (Month, Day, Year): June 12, 1997
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (MEDICAL EXAMINER) (Type or Print): David S. Dasboff, M.D. 1905 Main Street Klamath Falls, Oregon 97601
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH: M
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 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):
33 DATE SIGNED (Month, Day, Year): COUNTY

CAUSE OF DEATH

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

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
PART I (a) Malignancy — Interval between onset and death: 6 months
DUE TO, OR AS A CONSEQUENCE OF
(b) Severe alzheimer's dementia — Interval between onset and death: 3 years
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Congestive heart failure.

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 ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a DATE OF INJURY (Month, Day, Yes)
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

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

DATE ISSUED: JUN 16 1997

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON 1859

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Unofficial Copy

97 JUN 26 AM 8:28

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State of Oregon, County of Klamath
Recorded 6/28/99, at 9:21 a m.
In Vol. M99 Page 25388
*Linda Smith,*
*County Clerk* Fee$ 15 KL



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