1999 JUL -6 AM 11:38 Vol M99 Page 26892

TYPE OR PRINT IN PERMANENT BLACK INK

H 30616
I.D. TAG NO.
306
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 / Middle / Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
Glen	Warren	ROUFS	M	June 3, 1999

4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (Years)	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
541-28-8938	70			Whittier, CA	June 23, 1928

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No

9a. PLACE OF DEATH (Check only one): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Decedent's Home [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Merle West Medical Center	Klamath Falls	Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Auto Parts Salesman	Auto Parts Sales	Married	Barbara Dunlavy

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Klamath Falls	3822 Mazama Dr.

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1-4 or 5+)
[ ] Yes [X] No	97603	[X] No [ ] Yes Specify	White	12	

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Herman Edward Roufs	Ruby E. Thompson	Barbara Roufs - Wife

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
[ ] Burial [X] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)	Eternal Hills Memorial Gardens	Klamath Falls, Oregon

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. OREGON LICENSE NO (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
Jim Loncaster	3224	Eternal Hills Funeral Home 97603 4711 Hwy #39/Klamath Falls, OR

23. DATE FILED (Month, Day, Year)	24. REGISTRAR'S SIGNATURE
JUN 09 1999	Evelyn Simonson

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?	31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
M	[X] Yes [ ] No	18:12 P M	June 3, 1999 18:12 P M

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)

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) Robert N Edwards MD

30. DATE SIGNED (Month, Day, Year)

33. DATE SIGNED (Month, Day, Year) 6-7-99 COUNTY Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Robert N. Edwards, MD -- 4509 S. 6th - suite #311 - Klamath Falls, OR 97603

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATED THE

		Interval between onset and death
36. PART I (a)	Generalized Atherosclerotic Vascular Disease with Stroke	years - hours
DUE TO, OR AS A CONSEQUENCE OF (b)	Cerebral Hemorrhage and Cerebellar Herniation	hours
DUE TO, OR AS A CONSEQUENCE OF (c)	S/P Left Endarterectomy	hours

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I

37. Did tobacco use contribute to the death?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
[ ] Yes [ ] Probably [X] No [ ] Unknown	[X] Yes [ ] No	[X] Yes [ ] No [ ] N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
[X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Other [ ] Pending Investigation [ ] Undetermined Manner [ ] Legal Intervention		M	[ ] Yes [ ] No	

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 09 1999

Evelyn Simonson
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

STATE OF OREGON 1859

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

26893

State of Oregon, County of Klamath
Recorded 7/06/99, at 11:38 a.m.
In Vol. M99 Page 26892
Linda Smith,
County Clerk Fee$ 15 - KR

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