CERTIFICATION OF VITAL RECORD

1999 JUL -7 PM 1:37

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PRINT IN PERMANENT BLACK INK

224979 ID TAG NO

123 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: Wilma; Middle: Jean; Last: STIVERS

2 SEX: F

3 DATE OF DEATH (Month, Day, Year): March 5, 1997

4 SOCIAL SECURITY NUMBER: 540-32-0875

5a AGE (Last Birthday) (Years): 67

5b Under 1 Year: Mos / Days

5c Under 1 Day: Hours / Mins

6 BIRTHPLACE (City and State or Foreign Country): Klamath Falls, OR

7 DATE OF BIRTH (Month, Day, Year): July 9, 1929

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

8a PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

1 — 9b FACILITY NAME (If not institution, give street and number): 1836 Tiffany Street

9c CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls,

9d COUNTY OF DEATH: Klamath

2 — 10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Bank Teller

10b KIND OF BUSINESS/INDUSTRY: Finance

11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12 SPOUSE (If Married, Widowed): Gene Stivers

3 — 13a RESIDENCE - STATE: Oregon

13b COUNTY: Klamath

13c CITY, TOWN OR LOCATION: Klamath Falls

13d STREET AND NUMBER: 1836 Tiffany

4 — 13e INSIDE CITY LIMITS? ☒ Yes ☐ No

13f ZIP CODE: 97601

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): 12; College (1-4 or 5+)

5 — PARENTS

17 FATHER - NAME first middle last: Thomas Hubbard Massey

18 MOTHER - NAME first middle maiden: Lattie Mae O'Coin

19 INFORMANT - NAME and relationship to deceased: Gene Stivers - Spouse

6 — DISPOSITION

20a METHOD OF DISPOSITION: ☐ Mausoleum ☐ Cremation ☐ Removal from State ☐ Burial ☐ 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

7 — SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature illegible]

21b LICENSE NUMBER (Or Licensee): 3224

22 NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Hwy 39, Klamath Falls, Or 97603

DATE FILED (Month, Day, Year): MAR 05 1997

24 REGISTRAR'S SIGNATURE: Evelyn Simonson

25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26 WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

8 — CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 0900 A 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): Saul Silverman M.D.

30 DATE SIGNED (Month, Day, Year): 3-5-97

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Saul Silverman, M.D., 2610 Uhrmann Rd., Klamath Falls, Or., 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

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

CAUSE OF DEATH

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

10 — (a) Lung Cancer uncontrolled in Chest — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 8 MO

(b) DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death

11 — (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

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

12 — 40 MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other

41a DATE OF INJURY (Month Day Year)

41b TIME OF INJURY: M

41c INJURY AT WORK? ☐ Yes ☒ No

41d DESCRIBE HOW INJURY OCCURRED

13 — 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)

14 — RESERVED FOR REGISTRAR'S USE

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DATE ISSUED: MAR 05 1997

Marlene Blevins

MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

15 — Royzar

OREGON

27102

State of Oregon, County of Klamath
Recorded 7/07/99, at 1:37 p m.
In Vol. M99 Page 27101
Linda Smith,
County Clerk Fee$ 15.00 SW

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