1999 JUL -9 PM 3:41

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TYPE OR PRINT IN PERMANENT BLACK INK

290386
I.D. TAG NO.

351
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: Patrick / Middle: - / Last: McSWEENEY	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): June 30, 1999	
4. SOCIAL SECURITY NUMBER: 726-14-0069	5a. AGE-Last Birthday (Years): 70	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Ireland	7. DATE OF BIRTH (Month, Day, Year): May 25, 1929		
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): 4525 Clinton Avenue	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.): Masonry	10b. KIND OF BUSINESS/INDUSTRY: Construction	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Mary Lou
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 4525 Clinton Avenue
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): 10	College (1-4 or 5+):		
17. FATHER - NAME first middle last: Peter - McSweeney	18. MOTHER - NAME first middle maiden: Nora - O'Keeffe	19. INFORMANT - NAME and relationship to deceased: Mary L. McSweeney--Wife	
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mount Calvary Cemetery	20c. LOCATION - City or Town, State: Klamath Falls, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward	21b. OREGON LICENSE NO. (If Licensee): 3409	22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc 1945 Main / K. Falls, OR. / 97601	
23. DATE FILED (Month, Day, Year): JUL 02 1999	24. REGISTRAR'S SIGNATURE: Evelyn Simonson		

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1530 M	28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No	31a. TIME OF DEATH: M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 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)	
30. DATE SIGNED (Month, Day, Year): 7/1/1999		33. DATE SIGNED (Month, Day, Year):	COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert F. Bohnen, MD / 2610 Uhrmann Road / Klamath Falls, Oregon / 97601

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

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE

PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Squamous cell lung cancer with metastases		Interval between onset and death: 3 months
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(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	
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ 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			
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 JUL 02 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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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State of Oregon, County of Klamath
Recorded 7/09/99, at 3:41 p. m.
In Vol. M99 Page 27680
Linda Smith,
County Clerk Fee$ 15 KR

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