

1999 JUL -9 PM 3:41

Vol M99 Page 27680

TYPE OR
PRINT IN
PERMANENT
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I.D. TAG NO.
357OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Local File Number

136-

State File Number

1. DECEDENT'S NAME First Middle Last Patrick - 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 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	
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
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 (14 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 decedent Mary L. McSweeney--Wife	
20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mount Calvary Cemetery	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (Of 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 <i>[Signature]</i>		RESERVED FOR REGISTRAR'S USE	

27. TIME OF DEATH 1530				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>[Signature]</i>					
30. DATE SIGNED (Month, Day, Year) JUL 1, 1999					
31. TIME OF DEATH 1530					
32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 					
33. 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) <i>[Signature]</i>					
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING 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) 					
36. PART I (a) Squamous cell lung cancer with metastases DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: 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 ☐ No		38. RANTOPSY ☒ Yes ☐ No		39. # YES were findings consistent in determining cause of death? ☐ Yes ☐ No ☐ N/A	
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Other	41a. DATE OF INJURY (Month, Day, Year) 	41b. TIME OF INJURY 	41c. INJURY AT WORK? ☐ Yes ☒ No	41d. DESCRIBE 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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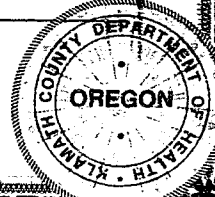
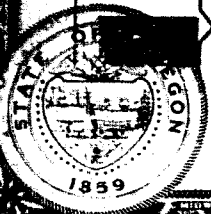
DATE ISSUED

JUL 02 1999

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EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



27681

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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