

1999 JUL 13 PM 4:10

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39240  
I.D. TAG NO  
245  
Local File NumberOREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit  
CERTIFICATE OF DEATH

136-

State File Number

1 DECEDENT'S NAME First Middle Last George Edwin MEADE		2 SEX M	3 DATE OF DEATH (Month, Day, Year) April 27, 1988
4 SOCIAL SECURITY NUMBER 520-09-3024	5a AGE - Last Birthday (Years) 73	5b UNDER 1 YEAR Mos Days	5c UNDER 1 DAY Hours Mins
6 BIRTHPLACE (City and State or Foreign Country) Pattonburg, Missouri		7 DATE OF BIRTH (Month, Day, Year) July 20, 1914	
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not institution, give street and number) 667 Second Street		9c CITY, TOWN, OR LOCATION OF DEATH Lebanon	
9d COUNTY OF DEATH Linn			
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Sawyer		10b KIND OF BUSINESS/INDUSTRY Lumber Mill	
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12 SPOUSE (If Married, Widowed) Lucille	
13a RESIDENCE - STATE Oregon		13b COUNTY Linn	
13c CITY, TOWN, OR LOCATION Lebanon		13d STREET AND NUMBER 667 Second Street	
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15 RACE American Indian, Black, White, etc. (Specify) White	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16 or 17+) 12			
17 FATHER - NAME first middle last Joseph Meade		18 MOTHER - NAME first middle maiden Clara Johnson	
19 INFORMANT - NAME and relationship to decedent Lucille Meade - Wife			
20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park	
20c LOCATION - City or Town, State Klamath Falls, Oregon			
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James R. [Signature]</i>		21b LICENSE NUMBER (Of Licensee) 3409	
22 NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main St., Klamath Falls, Or. 97601			
23 TIME OF DEATH M			
24 WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) 26 DATE SIGNED (Month, Day, Year)			
27a TIME OF DEATH 7:00p M			
27b DATE PRONOUNCED DEAD (Month, Day, Year) 4-27-88 M			
28 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature) 29 DATE SIGNED (Month, Day, Year) 5-2-88			
COUNTY Linn			
30 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Patricia A. Harding, M.D., 191 N. Main Street, Lebanon, Oregon 97355			
31 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
32 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) congestive heart disease with cardiomegally DUE TO, OR AS A CONSEQUENCE OF: (b) valvular heart disease DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			
33 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34 IF YES were findings considered in determining cause of death?			
15 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			
35a DATE OF INJURY (Month, Day, Year)		35b TIME OF INJURY M	
35c INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		35d DESCRIBE HOW INJURY OCCURRED	
35e PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		35f LOCATION (Street and Number or Rural Route Number, City or Town, State)	
37 REGISTRAR'S SIGNATURE Dawn R. Walker, Deputy		38 DATE FILED (Month, Day, Year) May 6, 1988	
39 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		40 WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
RESERVED FOR REGISTRAR'S USE			

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45-2 REV 1-88

STATE OF OREGON  
COUNTY OF LINNTHIS CERTIFIES THAT THE FOREGOING IS A REPRODUCTION OF A RECORD OF  
DEATH ON FILE WITH THE LINN COUNTY HEALTH DEPARTMENTDawn Walker, Deputy  
Deputy Registrar of Vital Statistics

Date May 13, 1988

NOT VALID WITHOUT RAISED SEAL OF LINN COUNTY HEALTH DEPARTMENT

0/ Lucille Meade  
3039 Cannon Ave.  
Klamath Falls, OR  
97603

28035

State of Oregon, County of Klamath  
Recorded 7/13/99, at 4:10 p m.  
In Vol. M99 Page 28035  
**Linda Smith,**  
County Clerk Fee \$ 15 KR