

MTG 48779-PS

29427

094487
I.D. TAG NO.
436
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Vol M99 Page

State File Number

1. DECEDENT'S NAME John William WEAVER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 7, 1994
4. SOCIAL SECURITY NUMBER 302-22-5688	5a. AGE Last Birthday (Years) 66	5b. Under 1 Year Mos. 0, 5	5c. Under 1 Day Hours 0, Mins. 0
6. BIRTHPLACE (City and State or Foreign Country) Miami, Florida		7. DATE OF BIRTH (Month, Day, Year) August 12, 1928	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input 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 Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		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.) Truck Driver		10b. KIND OF BUSINESS/INDUSTRY Transportation	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed, Divorced) Frances Weaver	
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Klamath Falls	13d. STREET AND NUMBER 925 California Avenue
14a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14b. ZIP CODE 97601	14c. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No	14d. RACE American Indian, Black, White, etc. (Specify) White
15. EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 9		16. COLLEGE (14 or 5+) 9	
17. FATHER - NAME first middle last William Weaver		18. MOTHER - NAME first middle maiden Jessie Kirkpatrick	
19. INFORMANT - NAME and relationship to decedent Frances Weaver - Spouse			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" 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 Cremation Service	
20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Riggs</i>		21b. LICENSE NUMBER (Of License) CO-3572	22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year) OCT 07 1994		24. REGISTRAR'S SIGNATURE <i>Julene Simonson</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
26. VAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
27. TIME OF DEATH 5:50 A.M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>Jeri E. Britsch</i> M.D.			
30. DATE SIGNED (Month, Day, Year) 10-7-94			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Jeri E. Britsch M.D. 1905 Main Street Klamath Falls, Oregon 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) <i>severe emphysema</i>		Interval between onset and death >10yrs	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		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: <i>Coronary artery disease, Hypertension, Chronic back pain</i>			
40. 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"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	

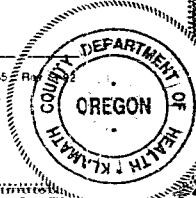
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ORIGINAL VITAL STATISTICS COPY

OCT 10 1994

DATE ISSUED:

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



29428

After Recording return to:

Fran G. Weaver
12952 Highway 140 East
Klamath Falls, OR 97603

State of Oregon, County of Klamath
Recorded 7/23/99, at 11:20 a.m.
In Vol. M99 Page 29427
Linda Smith,
County Clerk Fee \$ 15 *KR*

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