CERTIFICATION OF VITAL RECORD

AFTER RECORDING
RETURN TO LINDA JONES MTC 49227-LN
14305 MEADOWBROOK
KLAMATH FALLS, OR 97601

Vol M99 Page 30726

TYPE OR PRINT IN PERMANENT BLACK INK

ID FACTS 282560

Local File Number 255

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

136-

State File Number

1 DECEDENT'S NAME: First: Anna; Middle: Ruth; Last: ODEGARD
2 SEX: Female
3 DATE OF DEATH (Month, Day, Year): May 5, 1999
4 SOCIAL SECURITY NUMBER: 474-26-6075
5a AGE-Last Birthday (Years): 80
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Mora, MN
7 DATE OF BIRTH (Month, Day, Year): December 1, 1918
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 in institution, give street and number): 14305 Meadowbrook Court
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): Nurse, Registered
10b KIND OF BUSINESS/INDUSTRY: Health Care
11 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
12 SPOUSE (If Married, Widowed, Divorced): Carl A.
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 14305 Meadowbrook Court
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+)

PARENTS
17 FATHER - NAME: first: Howard; middle: Grant; last: Aldrich
18 MOTHER - NAME: first: Estella; middle: McElhone; maiden: Farley

DISPOSITION
19 INFORMANT - NAME and relationship to deceased: Carl A. Odegard, husband
20a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Deschutes Memorial Gardens; Cascade Chapel Mausoleum
20c LOCATION - City or Town, State: Bend, OR 97708

REGISTRAR
21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b OREGON LICENSE NO. (Or Licensee): CO-3104
21c NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
21 DATE FILED (Month, Day, Year): MAY 07 1999
24 REGISTRAR'S SIGNATURE: Evelyn Simonsen
RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 2350 P 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)
30 DATE SIGNED (Month, Day, Year): May 6, 1999

TO BE COMPLETED 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

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Blake D. Berven, MD, 2616 Clover, 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

CAUSE OF DEATH

36 PART I
(a) DUE TO OR AS A CONSEQUENCE OF: Pneumonia — Interval between onset and death: 4 days
(b) DUE TO, OR AS A CONSEQUENCE OF: Alzheimers Disease — Interval between onset and death: 3yrs
(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

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: MAY 07 1999

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON 1859

KLAMATH COUNTY DEPARTMENT OF HEALTH · OREGON

1999 MAY -7 AM 11:36

30727

State of Oregon, County of Klamath
Recorded 8/02/99, at 11:36 a.m.
in Vol. M99 Page 30726
Linda Smith,
County Clerk Fee$ 15 KR

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