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1999 AUG -5 PM 1:45

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H-31323

ID TAG NO

391

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 Vivian Myrtle MOORE		2 SEX Female	3 DATE OF DEATH (Month, Day, Year) July 31, 1999
4 SOCIAL SECURITY NUMBER 560-56-9253	5a AGE Last Birthday (Years) 64	5b Under 1 Year 5c Under 1 Day 5d Under 1 Hour 5e Under 1 Minute	6 BIRTHPLACE (City and State or Foreign Country) Sand Lake Manitoba, Canada
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7 DATE OF BIRTH (Month, Day, Year) October 1, 1934	
9a PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospice <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> Other (Specify) Residence of daughter Erin Benson		9b CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
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.) Biochemist		10b KIND OF BUSINESS/INDUSTRY Biochemistry	
11 MARITAL STATUS Married		12 SPOUSE (If Married, Widowed, Divorced) (Specify) Thomas Adair Moore	
13a RESIDENCE - STATE Idaho		13b CITY, TOWN, OR LOCATION Pocatello	
13c STREET AND NUMBER 110 South 16th Avenue		14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
15 RACE American Indian, Black, White, etc. (Specify) White		16 DECEDENT'S EDUCATION (Specify only highest grade completed) 5+	
17 FATHER NAME first middle last Harry Malanchuk		18 MOTHER NAME first middle maiden Rose Nychek	
20a METHOD OF DISPOSITION <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	
21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Stephanie Riggs</i>		21b OREGON LICENSE NO. (Of Licensee) FS-0432	
22 NAME, ADDRESS AND ZIP OF FACILITY O'Hair & Riggs Funeral Chapel		22c LOCATION (City or Town, State) Klamath Falls, Oregon	
23 DATE FILED (Month, Day, Year) AUG 02 1999		24 REGISTRAR'S SIGNATURE <i>Evelyn Simonson</i>	

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH 2:30 A.M.	28 WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a TIME OF DEATH 2:30	31b DATE PRONOUNCED DEAD (Month, Day, Year) August 2, 1999
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) as herein stated. (Signature) <i>[Signature]</i> M.D.		32 On the basis of examination and/or investigation, I certify that death occurred at the time, date, place and due to the cause(s) as herein stated. (Signature) <i>[Signature]</i>	
30 DATE SIGNED (Month, Day, Year) August 2, 1999		33 DATE SIGNED (Month, Day, Year)	
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert F. Bohnen, M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601			
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36 PART I (a) Primary Postneal Carcinomatous DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death 15 months	
(b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS Contributing to death but not resulting in the underlying cause given in PART I None		Interval between onset and death	
37 Did the decedent use contraindications to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		38 Did the decedent use contraindications to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
40 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		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 PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))		41e DESCRIBE HOW INJURY OCCURRED	

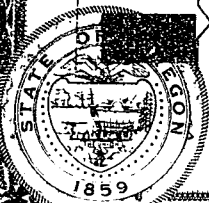
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EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY OREGON



31348

State of Oregon, County of Klamath

Recorded 8/05/99, at 1:45 p m.

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Linda Smith,

County Clerk

Fee \$ 15⁰⁰ 54

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