R-9858
TAG NO

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

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Local File Number

State File Number

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1999 AUG 17 AM 11:39

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Linda Lee KANE
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 30, 1996
4. SOCIAL SECURITY NUMBER: 543-62-8111
5a. AGE-Last Birthday (Years): 45
5b. Under 1 Year (Months / Days)
5c. Under 1 Day (Hours / Minutes)
6. BIRTHPLACE (City and State or Foreign Country): Port Angeles, WA
7. DATE OF BIRTH (Month, Day, Year): April 11, 1951
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): Rogue Valley Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Medford
9d. COUNTY OF DEATH: Jackson
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Educational Assistant
10b. KIND OF BUSINESS/INDUSTRY: Education
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If wife, give name before first married): Marc Kane
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1612 Kimberly Dr.
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
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, Middle, Last): Edward Wourmell
18. MOTHER - NAME (First, Middle, Maiden): Marlene Nelson
19. INFORMANT - NAME and relationship to decedent: Marc Kane - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Mausoleum
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: [signature]
21b. LICENSE NUMBER (Of Licensee): AF 1527
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, OR 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): JAN 07 1997
24. REGISTRAR'S SIGNATURE: Laura Pogue
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 10:38 am
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): MS Narus DO
30. DATE SIGNED (Month, Day, Year): 12 31 96

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year)
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): Michael S. Narus M.D., 2900 State St., Medford, Oregon 97504
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. 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) Brain Stem Infarct — Interval between onset and death: 2d.
DUE TO, OR AS A CONSEQUENCE OF
(b) Basilar Artery Occlusion
DUE TO, OR AS A CONSEQUENCE OF
(c)
PART II OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not resulting in the underlying cause given in PART I: None
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 ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
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

ORIGINAL-VITAL STATISTICS COPY

45-8 Rev 2/95

150 A Kane c.c.

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DATE ISSUED: JAN 07 1997

HENRY COLLINS, JR
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

SEAL OF OREGON 1859

JACKSON COUNTY OREGON

33179

State of Oregon, County of Klamath
Recorded 8/17/99, at 11:39 a.m.
In Vol. M99 Page 33178
Linda Smith,
County Clerk Fees 15 KR

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