MTC-1396-1395 OREGON HEALTH DIVISION Vol M89 Page 44536
CENTER FOR HEALTH STATISTICS

1999 NOV -8 AM 11:37

TYPE OR PRINT IN PERMANENT BLACK INK

094003 I.D. TAG NO.

209 Local File Number

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

136- 92-009413 State File Number

DECEDENT

1. DECEDENT'S NAME: First: Robert; Middle: William; Last: ORE
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 8,1992
4. SOCIAL SECURITY NUMBER: 567-16-4701
5a. AGE-Last Birthday (Years): 72
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Santa Rosa, CA.
7. DATE OF BIRTH (Month, Day, Year): March 12,1920
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): 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): Highway Maintenance Supervisor
10b. KIND OF BUSINESS/INDUSTRY: State Highway Division
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Herdis E. Ore
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4633 Larry Place
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 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+):

PERSONAL

17. FATHER - NAME first middle last: Alvin Ray Ore, SR.
18. MOTHER - NAME first middle maiden: Mabel Ella Ray
19. INFORMANT - NAME and relationship to deceased: Herdis E. Ore-Spouse
20a. METHOD OF DISPOSITION: ☐Interment ☒Burial ☐Cremation ☐Removal from State ☐Donation ☐Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O. Riggs
21b. LICENSE NUMBER (Or Licensee): 52-0297
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine ST. Klamath Falls, Oregon 97601
23. DATE FILED (Month, Day, Year): MAY 12 1992
24. REGISTRAR'S SIGNATURE: Charla Robinson
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: 4:46 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): Arthur G. Freeland M.D.
30. DATE SIGNED (Month, Day, Year): May 11,1992

TO BE COMPLETED ONLY 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): Arthur G. Freeland M.D. 1905 Main Street, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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) Acute gastrointestinal hemorrhage — Interval between onset and death: 2 hrs
DUE TO, OR AS A CONSEQUENCE OF: (b) Treatment of cirrhosis — Interval between onset and death: 2 yrs
DUE TO, OR AS A CONSEQUENCE OF: (c) Unknown [illegible] — Interval between onset and death: 30 yrs
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
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

ORIGINAL — VITAL STATISTICS COPY 45-2 Rev 7/91

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED: NOV 03 1999

EDWARD J. JOHNSON II
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

44537

State of Oregon, County of Klamath
Recorded 11/08/99, at 11:37a.m.
In Vol. M99 Page 44536
Linda Smith,
County Clerk Fee$ 15.00

Return to: Jackie Bednar
3520 Laverne St
Klamath Falls OR
97603

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