

CERTIFICATION OF VITAL RECORD

Vol 100 Page 9640

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I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

377
Local File Number

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE

CAUSE OF
DEATH

15

16

17

1. DECEDENT'S NAME Kathryn Marie SHOOP-JACKSON			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) July 10, 1999
4. SOCIAL SECURITY NUMBER 181-18-8939	5a. AGE-Last Birthday (Years) 77	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Woodbury, PA	7. DATE OF BIRTH (Month, Day, Year) February 18, 1922
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" 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"/> OOA <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) 1555 Richardson Ln			9c. CITY, TOWN, OR LOCATION OF DEATH Keno	9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SPOUSE (If Married, Widowed) George Jackson
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Keno	13d. STREET AND NUMBER 1555 Richardson Ln	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE 97627	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> 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+)
17. FATHER - NAME first middle last Andrew - Morgan		18. MOTHER - NAME first middle maiden Luella - Steele		19. INFORMANT - NAME and relationship to deceased Connie Boone - daughter
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) Pyramid Cremations		20c. LOCATION - City or Town, State Klamath Falls, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON AGING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (Of Licensee) 3607	22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year) JUL 20 1999			24. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH 0238	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		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) <i>[Signature]</i>	
30. DATE SIGNED (Month, Day, Year) July 19, 1999		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING/MEDICAL EXAMINER (Type or Print) Lowell D. Smith, MD 2825 E. Barnett Rd, Medford, OR 97504			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

36. (a) Lymphoma, diffuse, high grade			Interval between onset and death 9 months
(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.			37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown
			38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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 <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

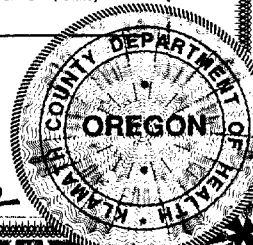
JUL 20 1999

DATE ISSUED:

EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



9641

State of Oregon, County of Klamath

Recorded 3/24/00, at 10:02 a.m.

In Vol. M00 Page 9640

Linda Smith,

County Clerk Fee \$ 26⁰⁰

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