

CERTIFICATION OF VITAL RECORD

MTC 1396-1776

OREGON DEPARTMENT OF HUMAN RESOURCES

Page 12013

282683
I.D. TAG NO.

150
Local File Number

CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

State File Number

PRINT IN
PERMANENT
BLACK INK

DECEDENT

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1. DECEDENT'S NAME First: Patsy Middle: Ruth Last: OBERG			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) March 25, 2000
4. SOCIAL SECURITY NUMBER 541-09-8230	5a. AGE-Last Birthday (Years) 75	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Klamath Falls, OR
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 type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Foster Care		
9b. FACILITY NAME (If not institution, give street and number) 2903 Summers Lane		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.) Disabled Homemaker		10b. KIND OF BUSINESS/INDUSTRY Homemaking		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Never Married
12. SPOUSE (If Married, Widowed) -		13a. RESIDENCE - STATE Oregon		
13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		
13d. STREET AND NUMBER 2903 Summers Lane		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 Specify:		
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 15+) 8		

PARENTS

DISPOSITION

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17. FATHER - NAME first middle last Arthur J. Oberg		18. MOTHER - NAME first middle maiden Alice Amanda Erickson		19. INFORMANT - NAME and relationship to deceased Joyce L. Barrett, friend
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input 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) Eternal Hills Memorial Gardens		20c. LOCATION - City or Town, State Klamath Falls, OR 97603
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William F. Davenport		21b. OREGON LICENSE NO. (Of Licensee) CO-3104		22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
23. DATE FILED (Month, Day, Year) MAR 27 2000		24. REGISTRAR'S SIGNATURE Evelyn Simonson		

REGISTRAR

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27. TIME OF DEATH 0615 A M		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) Ronald Vail				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)	
30. DATE SIGNED (Month, Day, Year) March 27, 2000				33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Ronald Vail, MD, 2800 Daggett Avenue, Klamath Falls, Oregon 97601					
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					

CERTIFIER

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CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE

CAUSE OF DEATH

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36. PART I (a) UNKNOWN natural causes DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Hypertension, hyperlipidemia		Interval between onset and death	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <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 checked="" type="checkbox"/> No
41d. DESCRIBE HOW INJURY OCCURRED		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:

MAR 27 2000

EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

After recording return to: Joyce Barrett, 8003 Hwy 66, Klamath Falls, OR 97601
200 APR 12 PM 3:33



12014

State of Oregon, County of Klamath
Recorded 04/12/00, at 3:33 p.m.
In Vol. M00 Page 12013
Linda Smith,
County Clerk Fee\$ 26⁰⁰

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