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STATE OF OREGON STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

376 Local File Number

70- 16666 State File Number

1. DECEASED—NAME (First, Middle, Last): Mary Melissa Dunlap
2. DATE OF DEATH (month, day, year): November 17, 1970
3. RACE (White, Negro, American Indian, etc. (specify)): white
4. SEX: female
5a. AGE—Last birthday (years): 81
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): January 30, 1889
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): P.I. Hospital
8. STATE OF BIRTH (If not in U.S.A., name country): Kansas
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married
11. NAME OF SPOUSE: Merle T. Dunlap
12. SOCIAL SECURITY NUMBER: ----
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): housewife
13b. KIND OF BUSINESS OR INDUSTRY: home
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): yes
14e. STREET AND NUMBER OR R.F.D.: 5538 Miller Ave
15. FATHER—NAME first middle last: Perry Ashcraft
16. MOTHER—Maiden Name first middle last: Melissa Woodard
17. INFORMANT—NAME and relationship to deceased: Merle T. Dunlap husband

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Immediate cause (a): Septicemia — 1 Day
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
(b): Cholecystitis, Choledocholithiasis — 2 Days
due to, or as a consequence of:
(c):

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Heart Failure, Cerebral Vascular Disease
AUTOPSY (yes or no) 19a. no
IF YES were findings considered in determining cause of death 19b.

ACCIDENT (specify yes or no) 20a.
DATE OF INJURY (month, day, year) 20b.
HOUR 20c. M.
HOW INJURY occurred (enter nature of injury in part I or part II, item 18) 20d.
INJURY AT WORK (specify yes or no) 20e.
PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f.
LOCATION (street or R.F.D. No., city or town, county, state) 20g.

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 6-10-70 to 11-17-70
And Last Saw Him/Her Alive on: month day year 11-17-70
I Did/Did Not view the body after death (specify)
DEATH OCCURRED (hour) 6:10 PM M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

21. PHYSICIAN—SIGNATURE: Kenneth K. Magee
22a. NAME (type or print) degree or Title: Kenneth K. Magee, M.D.
22c. DATE SIGNED (month, day, year): Nov. 18, 1970
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 601 Med. Dental Bldg. Klamath FAlls, Oregon 97601

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): burial
24b. CEMETERY OR CREMATORY—NAME: Mt View Cemetery
24c. LOCATION city or town state: Ashland, Oregon
24d. DATE (mo., day, year): Nov 20, 1970
25a. FUNERAL DIRECTOR—SIGNATURE: Tuell O'Hair
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Home Klamath Falls Oregon
26a. REGISTRAR—SIGNATURE: Marian Peterman
26b. DATE RECEIVED BY LOCAL REGISTRAR: Nov. 18, 1970
27. DATE RECEIVED BY STATE REGISTRAR: NOV 30 1970
RESERVED FOR REGISTRAR'S USE
28.

STATE OF OREGON
County of Multnomah } ss.
DATE ISSUED JAN 12 1971

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

15 Marian M. Morgan

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Quentin Steele, Attorney at Law
this 14th day of January A. D., 19 71 at 1:59 o'clock P. M., and duly recorded in Vol. M 71, of Deeds on Page 313

Return:
Quentin Steele
Att. at Law 432 Main St.

fee 1.50

WM. D. MILNE, County Clerk
By Deanna Mitchell