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@ 10:46 A.M. 286 Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol M75 Page 9867

# CERTIFICATE OF DEATH

State File Number

**DECEASED**

1. DECEASED—NAME First: Myrtle Middle: M. Last: Conahan
2. DATE OF DEATH (month, day, year): August 19, 1975
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last birthday (years): 83
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): January 23, 1892
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): Presbyterian Intercommunity Hosp.
8. STATE OF BIRTH (If not in U.S.A. name country): Washington
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Earl Conahan
12. SOCIAL SECURITY NUMBER: 541-24-9052-A
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Homemaking
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.: 1225 Owens Street

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

15. FATHER—NAME first middle last: Zuinglius Hundley
16. MOTHER—Maiden Name first middle last: Ellenora
17. INFORMANT—NAME and relationship to deceased: Earl Conahan, husband

**CAUSE**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. Immediate cause (a): Cardiac Arrythmia
due to, or as a consequence of: (Uremia, Renal Failure of Unknown Cause)
approximate interval between onset and death: 2 wks

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b) ~~Bleeding~~
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): Upper Gastrointestinal Bleeding

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.

**CERTIFIER**

CERTIFICATION—PHYSICIAN: I attended the deceased from: 21. 10-1-69 (month day year) to 8-19-75 (month day year) And Last Saw Him/Her Alive on: 8-18-75 (month day year) I Did/Did Not view the body after death (specify) DEATH OCCURRED (hour) 3:45 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE: 22a. Kenneth K. Magee
NAME (type or print) degree or title: 22b. Kenneth K. Magee, MD
DATE SIGNED (month, day, year): 22c. 8-19-75
MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 23. Medical-Dental Building 905 Main Street, Klamath Falls, Oregon 97601

**BURIAL**

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory
24c. LOCATION city or town state: Klamath Falls, Oregon
24d. DATE (mo., day, year): 8-19-75
25a. FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, Klamath Falls, Oregon 97601 515 Pine Street
26a. REGISTRAR—SIGNATURE: Marian Chenoweth
26b. DATE RECEIVED BY LOCAL REGISTRAR: AUG 19 1975
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON
County of Klamath
This certifies that the foregoing is a correct and complete transcript of the record of death on file with the Klamath County Department of Health.

VELDON C. DOGE, M.D., Registrar Vital Statistics
By Marian Chenoweth, Deputy Registrar
Date AUG 19 1975

Return to: Earl Conahan 1225 Owens St.

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of EARL CONAHAN
this 25th day of AUGUST A.D., 19 75 at 10:46 o'clock A M., and duly recorded in Vol. M 75, of DEEDS on Page 9867
FEE $ 3.00
WM. D. MILNE, County Clerk
By Deputy