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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

33
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

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

1. DECEASED—NAME First: Dorothy Middle: Mae Last: Owen	2. DATE OF DEATH (month, day, year): January 23, 1976
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Female; 5a. AGE—Last birthday (years): 58; 5b. Under 1 year: mos. days; 5c. Under 1 day: hours min.	6. DATE OF BIRTH (month, day, year): April 3, 1917
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): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (if not in U.S.A., name country): Ohio	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Divorced	11. NAME OF SPOUSE: –
12. SOCIAL SECURITY NUMBER: 536-12-7462	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Cook	13b. KIND OF BUSINESS OR INDUSTRY: Restaurant
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Keno	14d. Inside City Limits (specify yes or no): Yes	14e. STREET AND NUMBER OR R.F.D.: Box 87
15. FATHER—NAME first middle last: Henry Wolf	16. MOTHER—Maiden Name first middle last: Luella Chaney	17. INFORMANT—NAME and relationship to deceased: Roger D. Owen, son

CAUSE

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

18. Immediate cause (a.) Cardio-Resp Failure — Terminal
due to, or as a consequence of (b.) Carcinomatosis
due to, or as a consequence of (c.) Ca of Lt. Breast

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last

Known to 3 yrs prior to death — Biopsy proven

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

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

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: Jan 20'76 (month day year) to Jan. 23, 1976 (month day year) And Last Saw Him/Her Alive on: Jan 23'76 (month day year) I Did/Did Not view the body after death (specify): Did DEATH OCCURRED (hour): 1:26 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Earle M. LeVernois MD — 22b. NAME (type or print): Earle M. LeVernois — degree or Title: M.D. — 22c. DATE SIGNED (month, day, year): Jan 26 '76

23. MAILING ADDRESS—PHYSICIAN: 2628 Campus Dr., (street) Klamath Falls, (city or town) Oregon (state) 97601 (zip)

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial — 24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gard. — 24c. LOCATION (city or town, state): Klamath Falls, Oregon — 24d. DATE (mo., day, year): 1-27-76

25a. FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair — 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

26a. REGISTRAR—SIGNATURE: Marian Johnson — DATE RECEIVED BY LOCAL REGISTRAR: 26b. JAN 26 1976 — DATE RECEIVED BY STATE REGISTRAR: 27.

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 a record of death on file with the Klamath County Department of Health.

VELDON C. BOGE, M.D., Registrar Vital Statistics

By _____, Deputy Registrar
Date _____ 19 _____

(SEAL)

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 30th day of JANUARY A.D., 19 76 at 2:03 o'clock P M., and duly recorded in Vol. M 76, of DEEDS on Page 1447

FEE $ 3.00

WM. D. MILNE, County Clerk
By Yvonne Deputy

Roger Owen
Box 111
Keno Ore