19233

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number — State File Number

DECEASED

1. NAME: First — Middle — Last: Dora Y. Lohrey
2. RACE (White, Negro, American Indian, etc. (specify)): White
3. SEX: Female
4. AGE—Last birthday (years): 84 — Under 1 year: mos. / days / hours / min. / Inside City Limits (specify yes or no): Yes
5. COUNTY OF DEATH: Klamath
6. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Ponderosa Nursing Home
7a. STATE OF BIRTH (If not U.S.A., name country): Illinois
7b. CITIZEN OF WHAT COUNTRY: U.S.A.
7c. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
7d. NAME OF SPOUSE: --
8. SOCIAL SECURITY NUMBER: 541-09-6825-D
9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker
10. KIND OF BUSINESS OR INDUSTRY: --
11. Usual residence (Where deceased lived. If death occurred in institution, give residence before admission.): Klamath Falls
12. RESIDENCE—STATE: Oregon
13. COUNTY: Klamath
13a. CITY, TOWN, OR LOCATION: Klamath Falls
13b. STREET AND NUMBER OR R.F.D.: 2144 Eberlien St.
14. INFORMANT—NAME and relationship to deceased: Harold Prather, son
14a. FATHER—NAME: first George middle — last Young
14b. MOTHER—Maiden Name: first Sarah middle — last Campbell
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
15. BIRTHPLACE—STATE OR FOREIGN COUNTRY: Oregon
16. DATE OF BIRTH (month, day, year): February 5, 1972
17. I HEREBY CERTIFY, that I attended the deceased from Feb. 8, 1972 to Feb. 9, 1972 that I last saw her alive on Feb. 3, 1972 and that death occurred on the date stated above, at 7:30 A. M.
18. DATE WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

CAUSE

PART I. Disease or condition directly leading to death: immediate cause
(a) due to, or as a consequence of: Acute Coronary Thrombosis
(b) due to, or as a consequence of: Arteriosclerotic Heart Disease
(c)

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

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a).
None

CERTIFIER

19. ACCIDENT (specify yes or no): — DATE OF INJURY (month, day, year): — HOUR: — HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
20. INJURY AT WORK (specify yes or no): — PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): — LOCATION (street or R.F.D. No., city or town, county, state):
20a. CERTIFICATION—PHYSICIAN: I attended the deceased from: 2-8-72 to 2-9-72 — 20b. month day year: 2-9-72 — 20c. M. — 20d. And Last Saw Him/Her Alive on: month day year: 2-3-72
21. PHYSICIAN—SIGNATURE AND TITLE: [signature] M.D.
22. NAME (type or print): George Zupan
22a. MAILING ADDRESS—PHYSICIAN: 1905 Main St., Klamath Falls, Oregon 97601
22b. I Did/Did Not view the body after death (specify): Did — DEATH OCCURRED (hour): 7:30 A. M. — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated. — DATE SIGNED (month, day, year): FEB 11 1972

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial — CEMETERY OR CREMATORY—NAME: Klamath Mem. Park — LOCATION city or town, state: Klamath Falls, Oregon 97601
24. FUNERAL DIRECTOR—SIGNATURE AND ADDRESS: [signature] #314 — FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601 — DATE (mo., day, year): 2-8-72
25. REGISTRAR—SIGNATURE: [signature] — DATE RECEIVED BY LOCAL REGISTRAR: FEB 11 1972
26. RESERVED FOR REGISTRAR'S USE — DATE RECEIVED BY STATE REGISTRAR
27.
28.

VS-2 R-69

11534

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.

(SEAL)

NEIL BLACK, M.D., Registrar Vital Statistics

By [signature], Deputy Registrar
Date FEB 11 1972 19

VOID IF ALTERED

15078-M
Return To: TIA- So. 6th office

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 31st day of May A.D., 19 78 at 10:52 o'clock A M., and duly recorded in Vol M78 of Deeds on Page 11534.

FEE $3.00

WM. D. MILNE, County Clerk
By [signature] Deputy