Vol. M79 Page 10457

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

66823

CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED—NAME: First RALPH; Middle —; Last DOUGHERTY

1 RACE White, Black, American Indian, etc. (specify): White
2 DATE OF DEATH (month, day, year): January 22, 1979
3 COUNTY OF DEATH: Klamath
4 SEX: Male
5a AGE—Last birthday (years): 68
5b Under 1 year: mos. days
5c Under 1 day: hrs. min.
6 DATE OF BIRTH (month, day, year): March 22, 1910
7a STATE OF BIRTH (If not in U.S.A., name country): Nebraska
7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street & number): Presbyterian Intercommunity
7d If HOSP. OR INST. indicate D.O.A. or Emer. Room. Inpatient (Specify): Inpatient
8 SOCIAL SECURITY NUMBER: 524 - 01 - 8500
9 CITIZEN OF WHAT COUNTRY: USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Helen Dougherty
12 U.S. DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 RESIDENCE—STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER OR R.F.D., ZIP: 5178 Harlan Dr. 97601
13e Inside City Limits (Specify yes or no): No
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic - retired
14b KIND OF BUSINESS OR INDUSTRY: State Highway Department
15a FATHER—NAME first middle last: George C. Dougherty
15b MOTHER—Maiden Name first middle last: Edna Agnes
16 INFORMANT—NAME and relationship to deceased: Jim A. Dougherty (Son)
17 CEMETERY OR CREMATORY—Name: Eternal Hills Memorial Gardens
17a LOCATION city or town state: Klamath Falls, Oregon 97601
18a BURIAL, CREMATION, REMOVAL, MAUS (Specify): Burial
18b FUNERAL SERVICE LICENSEE Or Person Acting As Such—NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601
19a DATE SIGNED (Mo., Day, Yr.): 1/23/79
19b HOUR OF DEATH: 6:40 A. M

To be Completed by CERTIFYING PHYSICIAN Only

20a I hereby certify that I pronounced death occurred at the time, date and place and due to the cause(s) stated. (Signature) F. Geoffrey Marx M.D.
20b MAILING ADDRESS (Street, city or town, state, zip): Medical Dental Building, Klamath Falls, Oregon 97601
21a CERTIFIER—NAME AND TITLE (Type or Print): F. Geoffrey Marx, M.D.,
21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
21c DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JAN 2 6 1979
22a REGISTRAR (Signature): Marian Ackerman

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

23 IMMEDIATE CAUSE (a): Colon Carcinoma Metastatic to Liver — Interval between onset and death: 12 mo.
DUE TO, OR AS A CONSEQUENCE OF (b): — Interval between onset and death:
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): Anemia

24 AUTOPSY (Specify Yes or No): No
25 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No):
26b DATE OF INJURY (Mo., Day, Yr.):
26c HOUR OF INJURY:
26d DESCRIBE HOW INJURY OCCURRED:
26e INJURY AT WORK (Specify Yes or No):
26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE:

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 P-65412

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 Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics
By Marian Ackerman, Deputy Registrar
Date JAN 2 6 1979
VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

Cash 3cc

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 8th day of May A.D., 1979 at 1:06 o'clock P M., and duly recorded in Vol. M79, of Deeds on Page 10457.

FEE $3.00

WM. D. MILNE, County Clerk
By Dinnetta Gotcher Deputy