78134

540
Local File Number

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

Vol. M79 Page 28784

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT — IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

1 DECEASED—NAME: FIRST RONDA; MIDDLE GAIL; LAST SENFF

2 DATE OF DEATH (MONTH, DAY, YEAR): October 27,1979

3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White

4 SEX: Female

5A AGE—LAST BIRTHDAY (YEARS): 19 — UNDER 1 YEAR: 5B MOS. DAYS; 5C UNDER 1 DAY: HOURS MIN.

6 DATE OF BIRTH (MONTH, DAY, YEAR): June 5, 1960

7A COUNTY OF DEATH: Douglas

7B CITY, TOWN, OR LOCATION OF DEATH: Winston

7C HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): 14 Mi. west of Winston

7D IF HOSP. OR INST. INDICATE DOA, OP/EMER, RM., INPATIENT (SPECIFY): -

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): Never Married

11 SPOUSE (IF MARRIED, WIDOWED): -

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No

13 SOCIAL SECURITY NUMBER: 542 - 86 - 6827

14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Management Trainee

14B KIND OF BUSINESS OR INDUSTRY: Bistrin's Dept. Store

15A RESIDENCE—STATE: California

15B COUNTY: Humbolt

15C CITY, TOWN, OR LOCATION: Eureka

15D STREET AND NUMBER OR R.F.D.: 408 2nd St. Apt. # 2

15E INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

16 FATHER—NAME FIRST MIDDLE LAST: Jesse David Senff

17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Shirley Halvorsen

18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: David Senff - Father X

DISPOSITION — 1. 2. 3.

19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Burial

19B CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19C LOCATION CITY OR TOWN STATE: Klamath Falls, Oregon

20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS—SIGNATURE: [signature]

20B NAME AND ADDRESS OF FACILITY: WARDS - 1945 Main - Klamath Falls, Oregon 97601

CERTIFIER — MEDICAL EXAMINER

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR): 7:20 p. m.

21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR): October 27, 1979 8:40 p. m.

21C FROM: NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☒ UNDETERMINED ☒ SUICIDE ☐ PENDING ☐

21D CERTIFIER — SIGNATURE: John C. Roos MD

21E NAME—(TYPE OR PRINT): John C. Roos, M.D. DEGREE OR TITLE

21F MEDICAL EXAMINER FOR: Douglas COUNTY

21G DATE SIGNED (MONTH, DAY, YEAR): Oct 30, 1979

22A DATE RECEIVED BY REGISTRAR (MO. DAY, YR.): October 29, 1979

22B REGISTRAR (SIGNATURE): Diane M. Daudt

CAUSE OF DEATH — CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST — 4. 5. 6.

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C.)) — INTERVAL BETWEEN ONSET AND DEATH

PART I (a) Craniocervical traumatic injuries

DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH

(b)

DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH

(c)

PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

24 AUTOPSY (SPECIFY YES OR NO): No

25A DATE OF INJURY (MONTH, DAY, YEAR): October 27, 1979

25B HOUR: 7:20 p.

25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): driver,sole occupant,car rolled,ejecting victim

25D INJ. AT WORK (SPECIFY YES OR NO): No

25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Highway

25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): Hwy 42,M.P. 60.8,14 Mi. W. Winston, Douglas, Oregon

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 14th day of December A.D., 19 79 at 11:52 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 28784.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernetha Hebeck Deputy

F.D. Senff
501 Cypress
K. Falls, Or.

DOUGLAS COUNTY HEALTH DEPARTMENT
VITAL STATISTICS SECTION
CERTIFIED COPY OF DEATH RECORD

STATE OF OREGON
COUNTY OF DOUGLAS

This certifies that the foregoing is a correct and complete transcript of a record on file with the Douglas County Health Department.

David B. Coffler
Health and Social Services Administrator
Douglas County Health Department
Registrar of Vital Statistics

By Diane M. Daudt
Deputy

Date October 30, 1979

SEAL

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF
DOUGLAS COUNTY HEALTH DEPARTMENT