of Oregon
SON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH Vol. M81 Page 20773

Vital Records Unit

7026 432

Local File Number — State File Number

DECEASED-NAME: First: Lois | Middle: C. | Last: Taylor

DATE OF DEATH (month, day, year): November 11, 1981

SEX: Female

DATE OF BIRTH (month, day, year): May 27, 1905

AGE—Last birthday (years): 76

RACE White, Black, American Indian, etc. (specify): White

COUNTY OF DEATH: Klamath

CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center

IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

STATE OF BIRTH (If not in U.S.A., name country): California

CITIZEN OF WHAT COUNTRY: U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed

SPOUSE (If married, widowed): Vernon F. Taylor

SOCIAL SECURITY NUMBER: 551-36-8116

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker

KIND OF BUSINESS OR INDUSTRY:

RESIDENCE—STATE: Oregon | COUNTY: Klamath | CITY, TOWN, OR LOCATION: Merrill | STREET AND NUMBER OR R.F.D., ZIP: 436 Garfield St. 97634 | Inside City Limits (specify yes or no): Yes

FATHER—NAME: Arthur Thurston

MOTHER—Maiden Name: Charlotte Black

INFORMANT—NAME and relationship to deceased: Donna Reulein, Daughter

BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

CEMETERY OR CREMATORY—NAME: Merrill I.O.O.F. Cemetery

LOCATION city or town, state: Merrill, Oregon

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): [signature]

NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls,

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

(Signature): [signature]

DATE SIGNED (Mo., Day, Yr.): 11/12/81

HOUR OF DEATH: 9:04 P. M

NAME AND ADDRESS OF CERTIFIER (Type or Print): Edward T. McClure M.D. 905 Main Street Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

REGISTRAR (Signature): [signature]

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): NOV 12 1981

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

PART I (a) IMMEDIATE CAUSE: Cardiac arrest

DUE TO, OR AS A CONSEQUENCE OF: (b) Sepsis

DUE TO, OR AS A CONSEQUENCE OF: (c) Complications of bowel infarction

Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

AUTOPSY (Specify Yes or No): Yes

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

ACCIDENT (Specify Yes or No) | DATE OF INJURY (Mo., Day, Yr.) | HOUR OF INJURY M | DESCRIBE HOW INJURY OCCURRED

INJURY AT WORK (Specify Yes or No) | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

Return to Mike Brant
335 Main Street
Klamath Falls, OR 97601

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature] Deputy Registrar

Date NOV 13 1981

(SEAL)

VOID IF ALTERED

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

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the 2 day of December A.D., 1981 at 3:06 o'clock P M., and duly recorded in Vol M 81 of Deeds on page 20773.

EVELYN BIEHN
COUNTY CLERK

By [signature] deputy

Fee $4.00