State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

CERTIFICATE OF DEATH

8821 31 — Local File Number

Vital Records Unit

Vol. M82 Page 1373

State File Number

Field	Entry
1 DECEASED—NAME (First, Middle, Last)	Catherine F. Lawler
2 DATE OF DEATH (month, day, year)	January 22, 1982
3 RACE White, Black, American Indian, etc. (specify)	White
4 SEX	Female
5a AGE—Last birthday (years)	77
5b Under 1 year (mos / days)	
5c Under 1 day (hours / min)	
6 DATE OF BIRTH (month, day, year)	September 7, 1904
7a CITY, TOWN OR LOCATION OF DEATH	Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	Merle West Medical Center
7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify)	Inpatient
7d COUNTY OF DEATH	Klamath
8 STATE OF BIRTH (If not in U.S.A., name country)	Oregon
9 CITIZEN OF WHAT COUNTRY	U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Widowed
11 SPOUSE (IF MARRIED, WIDOWED)	Vincent Lawler
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	No
13 SOCIAL SECURITY NUMBER	544-09-6237 A
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Manager
14b KIND OF BUSINESS OR INDUSTRY	Merchant's Credit Assoc.
15a RESIDENCE—STATE	Oregon
15b COUNTY	Klamath
15c CITY, TOWN, OR LOCATION	Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP	223 No. 6th St. 97601
15e Inside City Limits (specify yes or no)	Yes
16 FATHER—NAME first middle last	Frank McConnell
17 MOTHER—Maiden Name first middle last	Lillian Akin
18 INFORMANT—NAME and relationship to deceased	Leona Carr, Sister
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 Such [Signature]	Mike O'Hair
20b NAME AND ADDRESS OF FACILITY	O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

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

Field	Entry
21a [Signature]	Kenneth K. Magee
21b DATE SIGNED [Mo., Day, Yr.]	1-25-82
21c HOUR OF DEATH	8:31 A. M
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]	Kenneth K. Magee M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]	
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	JAN 2 7 1982
22b REGISTRAR [Signature]	Claudia Francis

'82 FEB 3 AM 8 40

23 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
[ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c]]

	Cause	Interval between onset and death
PART I (a) IMMEDIATE CAUSE	Cardiac Arrest	minutes
(b) DUE TO, OR AS A CONSEQUENCE OF:	massive myocardial infarction	2 days
(c) DUE TO, OR AS A CONSEQUENCE OF:	Arteriosclerotic Heart Disease	years
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		

Field	Entry
24 AUTOPSY [Specify Yes or No]	No
25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]	No
26a ACCIDENT [Specify Yes or No]	
26b DATE OF INJURY [Mo., Day, Yr.]	
26c HOUR OF INJURY	M
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

Rtn: Wm. Dorsey P.O. Box 57 4-82

HS-2 (Rev. 1/80)

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 Claudia Francis
Date JAN 2 8 1982, Deputy Registrar
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 3 day of Feb. A.D., 1982 at 8:40 o'clock A M., and duly recorded in Vol M82, of Deeds on page 1373.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK
By Joyce McClure deputy