OREGON
STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

12491 '82
Local File Number

Vol. M82 Page 7113

1 DECEASED—NAME: First DENIS	Middle TIMOTHY	Last MURPHY		State File Number	
3 RACE White, Black, American Indian, etc. (specify): White	4 SEX: Male	5a AGE—Last birthday (years): 86	Under 1 year: 5b mos. days	Under 1 day: 5c hours min.	2 DATE OF DEATH (month, day, year): May 22, 1982
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center	7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm.; Inpatient [Specify]: Inpatient			6 DATE OF BIRTH (month, day, year): October 25, 1895
8 STATE OF BIRTH (If not in U.S.A., name country): Ireland	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Katherine		7d COUNTY OF DEATH: Klamath
13 SOCIAL SECURITY NUMBER: 540 - 44 - 2400	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Rancher - Retired		14b KIND OF BUSINESS OR INDUSTRY: Sheep Ranching		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 426 N. 4th Street 97601		15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: Timothy Murphy	17 MOTHER—Maiden Name first middle last: Nora O'Keeffe		18 INFORMANT—NAME and relationship to deceased: Katherine Murphy - Wife		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Mt. Calvary Cemetery		19c LOCATION city or town state: Klamath Falls, Oregon		
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James K. Reed	20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 97601				
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					
21a [Signature]: Willie-Ann Bartlett MD	21b DATE SIGNED [Mo., Day, Yr.]: 5/24/82	21c HOUR OF DEATH: 10:20 P M			
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: William A. Bartlett, MD / 2860 Daggett / Klamath Falls, Oregon 97601					
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]					
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAY 25 1982	22b REGISTRAR [Signature]: Claudia Francis				

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I
(a) Liver failure — Interval between onset and death: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(b) Common Duct Stone — Interval between onset and death: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

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

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

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, Deputy Registrar

Date MAY 26 1982

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 8 day of June A.D., 19 82 at 11:25 o'clock A M., and duly recorded in Vol M 82, of Deeds on page 7113.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McAllister Deputy