

Vital Records Unit

210
Local File Number

DECEASED - NAME First: DOROTHY Middle: C. Last: PINNIGER		State File Number	
1 RACE White; Black; American Indian; etc. (Specify)		2 DATE OF DEATH (month, day, year) June 8, 1983	
3 White	4 SEX Female	5a AGE - Last birthday (years) 74	5b Under 1 year mo. days 5c Under 1 day hours min.
6 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7a HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) Kl. Co. Nursing Home	
7b STATE OF BIRTH (If not in U.S.A. name country) Ohio		7c IF HOSP. OR INST. Indicate DOA OP: Emerg. Am. Inpatient (Specify) Inpatient	
8 SOCIAL SECURITY NUMBER 540-40-7096		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		11 SPOUSE (IF MARRIED, WIDOWED) James Wayne Pinniger	
12 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		13 KIND OF BUSINESS OR INDUSTRY Homemaking	
14a RESIDENCE - STATE Oregon		14b COUNTY Klamath	
15a CITY, TOWN, OR LOCATION Klamath Falls		15b STREET AND NUMBER OR R.F.D., ZIP 805 Lytton Street 97601	
16 FATHER - NAME First middle last Henry Stanley Chandler		17 MOTHER - Maiden Name First middle last Hannah - Jepson	
18a Burial, CREMATION, REMOVAL, MAUS. (Specify) Burial		18b CEMETERY OR CREMATORY - NAME Eternal Hills Memorial Gardens	
19a FURNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) William J. Davenport		19b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601	
20a the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated NAME AND ADDRESS OF CERTIFIER (Type or Print) Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601		20b DATE SIGNED (Mo., Day, Yr.) 6/10/83	
21a NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21c HOUR OF DEATH 3:32 P.M.	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUN 10 1983		22b REGISTRAR (Signature) Marian Ackerman	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Pneumonia		Interval between onset and death 24 hrs	
(b) Severe COPD		Interval between onset and death 10 yrs	
(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)			
Pelvic Fracture		AUTOPSY [Specify Yes or No] No	
24a ACCIDENT [Specify Yes or No] No		24b DATE OF INJURY (Mo., Day, Yr.)	
24c HOUR OF INJURY		24d DESCRIBE HOW INJURY OCCURRED	
24e INJURY AT WORK [Specify Yes or No] No		24f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
24g LOCATION		24h STREET OR R.F.D. NO	
24i CITY OR TOWN		24j STATE	

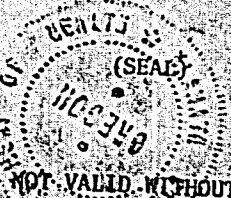
STATE OF OREGON
County of Klamath

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 Wanda Lewis, Deputy Registrar
Date JUN 13 1983

VOID IF ALTERED



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

STATE OF OREGON: COUNTY OF KLAMATH ::s
I hereby certify that the within instrument was received and filed for record on the 6 day of July A.D., 1983 at 1:05 o'clock P M, and duly recorded in Vol M83, of deeds on page 10681.

EVELYN BIEHN COUNTY CLERK

by Wanda Lewis Deputy

Fee \$ 4.00

4000
P.D. 8/15/83
1550 97601