Oregon
ON STATE HEALTH DIVISION
rtment of Human Resources

31402

# CERTIFICATE OF DEATH

Vol. M83 Page 20989

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

Local File Number 438

State File Number

**DECEDENT**

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF EVIDENCE ITEMS.

1 DECEASED—NAME: First DOROTHY; Middle C.; Last DRAKE

2 DATE OF DEATH (month, day, year): December 4, 1983

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

4 SEX: Female

5a AGE—Last birthday (years): 62

5b Under 1 year: mos / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): March 8, 1921

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): Pennsylvania

9 CITIZEN OF WHAT COUNTRY: U.S.A.

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

11 SPOUSE (IF MARRIED, WIDOWED): Willis A. Drake

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No

13 SOCIAL SECURITY NUMBER: 548-24-5637

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker

14b KIND OF BUSINESS OR INDUSTRY: Own Home

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: Rt. 3, Box 235 S 97603

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Walter Earl Chaffee

17 MOTHER—Maiden Name first middle last: Anna -

18 INFORMANT—NAME and relationship to deceased: Jerry Drake, Son

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Mike Gho

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

**CERTIFIER**

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]: [illegible]

NAME AND ADDRESS OF CERTIFIER [Type or Print]: 21d Blake Berven, M.D., 2616 Clover St., Klamath Falls, Oregon 97601

21b DATE SIGNED [Mo., Day, Yr.]: 12-05-83

21c HOUR OF DEATH: 5:20 P. M

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: DEC 5 1983

22b REGISTRAR [Signature]: Darlene E Smith

**CAUSE OF DEATH**

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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

23 IMMEDIATE CAUSE (a): Pneumonia — Interval between onset and death: 24hrs

DUE TO, OR AS A CONSEQUENCE OF: (b): Metastatic pancreatic carcinoma — Interval between onset and death: 2 mos

(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).

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

| 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 |
|---|---|---|
| 26e | 26f | 26g |

RESERVED FOR REGISTRAR'S USE

Ck 4.00

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 Darlene E Smith Deputy Registrar

Date VOID IF ALTERED DEC 5 1983

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 8th day of December A.D., 1983 at 2:59 o'clock P M, and duly recorded in Vol M83, of Deeds on page 20989.

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK

by Ann Smith deputy