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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

Local File Number — State File Number

DECEDENT

1 DECEASED—NAME: First: Kathryn; Middle: R.; Last: O'BRIEN
2 DATE OF DEATH (month, day, year): March 13, 1984
3 RACE (White, Black, American Indian, etc. (specify)): White
4 SEX: Female
5a AGE—Last birthday (years): 37
5b Under 1 year: mos / days
5c Under 1 day: hours / min
6 DATE OF BIRTH (month, day, year): June 7, 1946
7a CITY, TOWN OR LOCATION OF DEATH: Medford
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Rogue Valley Memorial Hospital
7c IF HOSP OR INST: Indicate DOA, OP, Emer., Rm., Inpatient (Specify): Inpatient
7d COUNTY OF DEATH: Jackson
8 STATE OF BIRTH (If not in U.S.A. name country): California
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): David O'Brien
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 566-74-4225
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
14b KIND OF BUSINESS OR INDUSTRY: Homemaking
15a RESIDENCE—STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP: 1740 Derby Street 97603
15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: Harold R. VanTuinen
17 MOTHER—first middle last (Maiden Name): Lois J. VinKemulder
18 INFORMANT—NAME and relationship to deceased: David O'Brien Husband

DISPOSITION

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 (Signature) Person Acting As Such: Jean A. Rohrbaugh
20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd 6420 South 6th Street, Klamath Falls, Oregon 97603

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): Richard K Karchmer
21b DATE SIGNED (Mo., Day, Yr.): 3/16/84
21c HOUR OF DEATH: 4:45 P.M.
21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Richard K. Karchmer, MD, 1025 East Main Street, Medford, Oregon 97504
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAR 19 1984
22b REGISTRAR (Signature): Alma Brawley

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

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) PSEUDOMONAS SEPSIS — Interval between onset and death: ACUTE
DUE TO, OR AS A CONSEQUENCE OF:
(b) ACUTE UNDIFFERENTIATED LEUKEMIA — Interval between onset and death: 2/10/84
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

USE OF DEATH

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

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

26e INJURY AT WORK (Specify Yes or No): 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

STATE OF OREGON — ORIGINAL - VITAL STATISTICS COPY — CERTIFIED COPY OF DEATH RECORD — COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

45-2 REV. 12-83

DATE MAR 19 1984

JACKSON COUNTY (SEAL)

REGISTRAR, VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

Cash 4.00

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 20th day of March A.D., 19 84 at 4:28 o'clock PM, and duly recorded in Vol M84, of Deeds on page 4566.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 4.00

by: Pam Smith, Deputy

Return: David O'Brien 1740 Derby St., Klamath Falls, Oregon 97603