

36487

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

Vol. M84 Page 7787

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
RECORDS  
SEE  
HDBOOK

Local File Number

## CERTIFICATE OF DEATH

State File Number

|  |                           |  |                                   |   |  |  |
|--|---------------------------|--|-----------------------------------|---|--|--|
| DECEASED—NAME  |                           | First  | Middle                            | Last  | DATE OF DEATH (month, day, year)                                 |  |
| 1 CHARLES VIRGINIUS DOBRY JR.  |                           |  |                                   |   | 2 May 5, 1984  |  |
| 3 RACE White, Black, American Indian, etc. (specify)   | 4 SEX Male                | 5a AGE—Last birthday (years) 51  | 5b Under 1 year mos days          | 5c Under 1 day hours min  | 6 DATE OF BIRTH (month, day, year) November 23, 1932             |  |
| CITY, TOWN OR LOCATION OF DEATH  |                           | HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)              |                                   |   | IF HOSP OR INST, indicate DOA, OP, Emer, Rm, Inpatient (Specify) |  |
| 7a Klamath Falls   |                           | 7b Merle West Medical Center   |                                   |   | 7c Inpatient   |  |
| 8 STATE OF BIRTH (If not in U.S.A. name country)   | 9 CITIZEN OF WHAT COUNTRY | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)                                     |                                   | 11 SPOUSE (IF MARRIED, WIDOWED)                                     |  | 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) |
| 8 Illinois   | 9 U.S.A.                  | 10 Married   |                                   | 11 Doris L. Dobry   |  | 12 Yes   |
| 13 SOCIAL SECURITY NUMBER 543-36-1240  |                           | 14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) |                                   | 14b KIND OF BUSINESS OR INDUSTRY                                    |  |  |
| 13a School Teacher (Elementary)  |                           | 14b Education  |                                   |   |  |  |
| 15a RESIDENCE—STATE Oregon   |                           | 15b COUNTY Klamath   | 15c CITY, TOWN, OR LOCATION Malin |   | 15d STREET AND NUMBER OR R.F.D., ZIP 97632                       |  |
| 16 FATHER—NAME first middle last Charles V. Dobry Sr.  |                           | 17 MOTHER—first middle last Mildred - Slemenda   |                                   | 18 INFORMANT—NAME and relationship to deceased Doris L. Dobry, Wife |  | 19 Inside City Limits (specify yes or no) Yes                  |
| 19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)  |                           | 19b CEMETERY OR CREMATORY—NAME   |                                   | 19c LOCATION city or town state                                     |  |  |
| 19a Burial   |                           | 19b Malin Community Cemetery   |                                   | 19c Klamath Falls, Oregon   |  |  |
| 20a FUNERAL SERVICE LICENSEE OR PERSON Acting As Such (Signature)  |                           | 20b NAME AND ADDRESS OF FACILITY   |                                   |   |  |  |
| 20a [Signature]  |                           | 20b Q'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O                          |                                   |   |  |  |
| 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated         |                           | 21b DATE SIGNED (Mo. Day Yr)   |                                   | 21c HOUR OF DEATH   |  |  |
| 21a [Signature]  |                           | 21b 5-7-84   |                                   | 21c 4:07 P. M   |  |  |
| 21d NAME AND ADDRESS OF CERTIFIER (Type or Print)  |                           | 21d Jack N. Martin, M.D., 1900 Main St., Klamath Falls, Oregon 97601                       |                                   |   |  |  |
| 21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |                           |  |                                   |   |  |  |
| 22a DATE RECEIVED BY REGISTRAR (Mo. Day Yr)  |                           | 22b REGISTRAR  |                                   |   |  |  |
| 22a MAY 7 1984   |                           | 22b [Signature]  |                                   |   |  |  |
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))   |                           | Interval between onset and death   |                                   |   |  |  |
| PART I (a) Acute Cardiac Arrhythmia  |                           | Interval between onset and death   |                                   |   |  |  |
| (b) Atherosclerosis  |                           | Interval between onset and death   |                                   |   |  |  |
| (c) Morbid Obesity   |                           | Interval between onset and death   |                                   |   |  |  |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) |                           | AUTOPSY (Specify Yes or No)  |                                   | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)                   |  |  |
| 24 Hypertension, Heart Hypertrophy   |                           | 24 No  |                                   | 25 No   |  |  |
| 26a ACCIDENT (Specify Yes or No)   |                           | 26b DATE OF INJURY (Mo. Day Yr)  |                                   | 26c HOUR OF INJURY  |  | 26d DESCRIBE HOW INJURY OCCURRED                               |
| 26a  |                           | 26b  |                                   | 26c   |  | 26d  |
| 26e INJURY AT WORK (Specify Yes or No)   |                           | 26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)        |                                   | 26g LOCATION  |  | 26h STREET OR R.F.D. NO CITY OR TOWN STATE                     |
| 26e  |                           | 26f  |                                   | 26g   |  | 26h  |

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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 [Signature], Deputy RegistrarDate MAY 8 1984

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 10th day of May A.D., 1984 at 1:10 o'clock P M, and duly recorded in Vol. M84 of Deeds on page 7787.

EVELYN BIEHN, COUNTY CLERK

by: [Signature], DeputyFee: \$ 4.00

Return: Doris L. Dobry Box 67, Malin, Oregon 97632