38413

247 Local File Number

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

Vol. M84 Page 11236

CERTIFICATE OF DEATH
ORS – 146

State File Number

1 DECEASED—NAME (First) ROBERT	(Middle) DAVID	(Last) DEHLINGER			
3 RACE (White, Black, American Indian, etc.) (Specify) White	4 SEX Male	5A AGE—Last Birthday (Years) 66	Under 1 Year: 5B Mos. / Days	Under 1 Day: 5C Hours / Min.	2 DATE OF DEATH (Month, Day, Year) June 15, 1984
7A CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	7B HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street & no.) Merle West Medical Center				6 DATE OF BIRTH (Month, Day, Year) December 17, 1917
8 STATE OF BIRTH (If not in U.S.A., name country) Oregon	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	7C If hosp., or inst., indicate DOA, ER, OP, IP, Inpatient (Specify) Inpatient	7D COUNTY OF DEATH Klamath	
13 SOCIAL SECURITY NUMBER 542-34-7044	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14A Realtor: Self-Employed		11 SPOUSE (If married, widowed) Stella R. Dehlinger	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 3872 Madison Ave. 97603	14B KIND OF BUSINESS OR INDUSTRY Real Estate Sales	INSIDE CITY LIMITS (Specify yes or no) 15E No
FATHER—NAME (First, Middle, Last) Samuel Patterson Dehlinger	MOTHER—NAME (First, Middle, Last, Maiden Name) 17 Freida Maria Jost				
BURIAL, CREMATION, REMOVAL, MAUS. (Specify) 19A Cremation	CEMETERY OR CREMATORY—NAME 19B Klamath Cremation Service			INFORMANT—NAME AND RELATIONSHIP TO DECEASED 18 Stella R. Dehlinger, Wife	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS—SIGNATURE 20A Mike O'Hair	NAME AND ADDRESS OF FACILITY 20B O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore			LOCATION—CITY OR TOWN, STATE 19C Klamath Falls, Oregon	

CERTIFICATION—MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

DEATH OCCURRED (Hour) 21A 9:23 A.M.	THE DECEDENT WAS PRONOUNCED DEAD (Month, Day, Year, Hour) 21B June 15, 1984 9:23 A.M.	FROM: NATURAL CAUSES ☐	ACCIDENT ☐	SUICIDE ☒	
CERTIFIER—SIGNATURE 21D Robert E. Jamison, M.D.		HOMICIDE ☐	UNDETERMINED ☐	PENDING ☐	
MEDICAL EXAMINER FOR: 21F Klamath County	NAME (Type or Print) 21E Robert E. Jamison, M.D. Degree or Title				
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22A JUN 18 1984	REGISTRAR (Signature) 22B Katherine E Cravens	DATE SIGNED (Month, Day, Year) 21G June 17, 1984			

23 IMMEDIATE CAUSE (Enter only ONE cause per line for (a), (b), and (c).)

PART I
(a) Gunshot wound to head — Due to, or as a consequence of: — Interval between onset and death: 4 days
(b) — Due to, or as a consequence of: — Interval between onset and death:
(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) — Interval between onset and death:

DATE OF INJURY (Month, Day, Year) 25A June 11, 1984	HOUR 25B 1:30 P.M.	HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23) Self inflicted gunshot wound to head (45 cal. rev.)	AUTOPSY (Specify yes or no) 24 No
INJ. AT WORK (Specify yes or no) 25D Yes	PLACE OF INJURY—At home, farm, street, factory, office bldg., etc. (Specify) 25E Office	LOCATION (Street or R.F.D. No., City or Town, County, State) 25F 5429 So. 6th St., Klamath Falls, Klamath, Oregon	

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-107 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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E Cravens, Deputy Registrar
Date JUN 19 1984
VOID IF ALTERED

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

c/c 4.00 1.00

Return: Stella Dehlinger, 3872 Madison, Klamath Falls, OR 97603

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 3rd day of July A.D., 19 84 at 1:49 o'clock P M, and duly recorded in Vol M84, of Deeds on page 11236.

Fee: $ 4.00
Indexing $1.00

EVELYN BIEHN, COUNTY CLERK
by: Bernetha D Lebeck, Deputy