42624

Vol. M84 Page 18397

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

CERTIFICATE OF DEATH

358 — Local File Number

State File Number

DECEASED—NAME: 1 First: KATHLYN; Middle: ROSE; Last: McDONALD

2 DATE OF DEATH (month, day, year): September 5, 1984

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

4 SEX: Female

5a AGE—Last birthday (years): 60

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): September 10, 1923

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): Oregon

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Robert A.

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

13 SOCIAL SECURITY NUMBER: 544 - 24 - 2654

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

14b KIND OF BUSINESS OR INDUSTRY: Pet Grooming

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 1515 Old Fort Road 97601

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

16 FATHER—NAME first middle last: Charles Haynes

17 MOTHER—first middle last (Maiden Name): Bernadine Cagey

18 INFORMANT—NAME and relationship to deceased: Robert McDonald - Husband

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

19b CEMETERY OR CREMATORY—NAME: Mt. Calvary Cemetery

19c LOCATION city or town state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James K. Engel

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon - 97601

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]

21b DATE SIGNED [Mo., Day, Yr.]

21c HOUR OF DEATH: 3:00 P M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Edward T. McClure, MD / 2301 Clairmont / Klamath Falls, Oregon / 97601

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: SEP 7 1984

22b REGISTRAR [Signature]: Katherine E Cravens

23 IMMEDIATE CAUSE

PART I (a) [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]: Respiratory arrest — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF: (b) Metastatic cancer of lung — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF: (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):

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	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]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	26d DESCRIBE HOW INJURY OCCURRED	26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E Cravens, Deputy Registrar

Date SEP 10 1984

VOID IF ALTERED

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

'84 OCT 26 AM 10 46

Return: Robert A. McDonald
1515 Old Fort Rd
K. Falls.

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 26th day of October A.D., 19 84 at 10:46 o'clock A M, and duly recorded in Vol M84 of Deeds on page 18397.

Fee: $ 4.00 Index: $1.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy