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449

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

Vol. M84 Page 20364

# CERTIFICATE OF DEATH
ORS – 146

Local File Number

State File Number

1. DECEASED—NAME: ULRIKE – SHERIDAN
2. DATE OF DEATH (MONTH, DAY, YEAR): November 30, 1984
3. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
4. SEX: Female
5a. AGE—LAST BIRTHDAY (YEARS): 41
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): July 24, 1943
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
7c. IF DEATH WAS IN HOSPITAL OR INSTITUTION (SPECIFY): D.O.A.
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Germany
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SPOUSE (IF WIFE, GIVE MAIDEN NAME): Robert C. Sheridan
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No
13. SOCIAL SECURITY NUMBER: 543-62-3135
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: 1406 McClellan Dr. — 97603
15e. INSIDE CITY LIMITS? (SPECIFY YES OR NO): No
16. FATHER—NAME (FIRST, MIDDLE, LAST): – Gunther
17. MOTHER (FIRST, MIDDLE, LAST, MAIDEN NAME): –
18. INFORMANT (NAME AND RELATIONSHIP TO DECEASED): Robert C. Sheridan, Husband
19a. BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation
19b. CEMETERY OR CREMATORY—NAME: Klamath Cremation Service
19c. LOCATION—CITY OR TOWN, STATE: Klamath Falls, Oregon
20a. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: Mike Oka
20b. NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.

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 THE TIME AND FROM THE CAUSES STATED.

21a. DEATH OCCURRED (HOUR): 12:35 A.M.
21b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): November 30, 1984 12:35 A.M.
21c. FROM (NATURE OF DISEASE OR CONDITIONS RESULTING IN DEATH): XX
HOW CAUSE — ACCIDENT / UNDETERMINED / SUICIDE / PENDING
21d. CERTIFIER (SIGNATURE): L. Thabet, MD
NAME (TYPE OR PRINT): Raymond Thabet, M.D.
TITLE OR TITLE
21e. MEDICAL EXAMINER FOR: Klamath COUNTY
21f. DATE SIGNED (MONTH, DAY, YEAR): December 3, 1984

22a. DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): DEC 3 1984
22b. REGISTRAR (SIGNATURE): Deloris E. Cravisho

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.)
PART I
(a) Laennec's hepatic cirrhosis — INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
(b) — INTERVAL BETWEEN ONSET AND DEATH: years
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)

24a. DATE OF INJURY (MONTH, DAY, YEAR)
24b. HOUR
24c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)
24d. AUTOPSY (SPECIFY YES OR NO): Yes
24e. INJ. AT WORK (SPECIFY YES OR NO)
24f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
24g. LOCATION (STREET OR R.F.D. NO. CITY OR TOWN, COUNTY, STATE)

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

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 Deloris E. Cravisho, Deput. Registrar
Date DEC 3 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 5th day of December A.D., 19 84 at 1:15 o'clock P M, and duly recorded in Vol. M84 of Deeds on page 20364.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy

Return: Robert Sheridan 1406 McClellan Dr. Klamath Falls, Oregon 97603