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

CERTIFICATE OF DEATH

Local File Number: 2

State File Number

DECEASED - NAME (First / Middle / Last): 1 LORRAINE CARROLL CAVANAUGH

DATE OF DEATH (month, day, year): 2 January 1, 1985

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

SEX: Female

AGE—Last birthday (years): 5a 63

Under 1 year: mos / days — Under 1 day: hours / min — 5b / 5c

DATE OF BIRTH (month, day, year): 6 July 8, 1921

CITY, TOWN OR LOCATION OF DEATH: 7a Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7b 1850 Lawrence Ave.

IF HOSP OR INST: Ind care DOA OP Emer Rm Inpatient (Specify): 7c

COUNTY OF DEATH: 7d Klamath

STATE OF BIRTH (If not in U.S.A. name country): 8 Canada

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

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

SPOUSE (IF MARRIED, WIDOWED): 11 James

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

SOCIAL SECURITY NUMBER: 13 544-05-2810

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

KIND OF BUSINESS OR INDUSTRY: 14b At Home

RESIDENCE—STATE: 15a Oregon

COUNTY: 15b Klamath

CITY, TOWN, OR LOCATION: 15c Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: 15d 1850 Lawrence 97601

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

FATHER - NAME (first, middle, last): 16 Guy Carroll

MOTHER - NAME (first, middle, last, (Maiden Name)): 17 Emma Plettle

INFORMANT - NAME and relationship to deceased: 18 James Cavanaugh - Husband

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

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

LOCATION (City or Town, State): 19c Klamath Falls, Ore.

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): 20a Jim Lancaster

NAME AND ADDRESS OF FACILITY: 20b WARD'S - 1945 Main St. - Klamath Falls, Ore.

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): Norman F. Blinstrub

DATE SIGNED (Mo., Day, Yr.): 21b JAN 3 1985

HOUR OF DEATH: 21c 12:30 A. M

NAME AND ADDRESS OF CERTIFIER (Type or Print): 21d Norman F. Blinstrub, MD 1000 Pine St. Klamath Falls, Ore.

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22a JAN 3 1985

REGISTRAR: 22b (Signature) Marian Ackerman

23 **IMMEDIATE CAUSE** (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) Cardiac & Respiratory Arrest — DUE TO, OR AS A CONSEQUENCE OF:

(b) Cachexia 2° to post Head & Neck Surgery - 1½ yrs — DUE TO, OR AS A CONSEQUENCE OF:

(c) Status Post Op CA R Throat - 2 yrs Radiation Therapy

Interval between onset and death

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

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

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION: STREET OR R.F.D. NO.	CITY OR TOWN	STATE
26e	26f	26g		

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 Marian Ackerman Deputy Registrar

Date VOID IF ALTERED JAN 3 1985

(SEAL)

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

OK 5.00

Rec'd Proctor Bischoff & Daniels 280 Main - Klamath Falls

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 1st day of March A.D., 19 85 at 10:29 o'clock A M, and duly recorded in Vol M85, of Deeds on page 3077.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Ann Smith, Deputy