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

Vol. M85 Page 3605

78
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME (1) First: MELVIN; Middle: H.; Last: DOROW, SR.

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

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

(4) **SEX**: Male

(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): October 19, 1924

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

(7b) **HOSPITAL OR OTHER INSTITUTION—NAME** (If not in either, give street and number): 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): Illinois

(9) **CITIZEN OF WHAT COUNTRY**: U.S.A.

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

(11) **SPOUSE** (IF MARRIED, WIDOWED): Kathryn Dorow

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

(13) **SOCIAL SECURITY NUMBER**: 347-14-5545

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

(14b) **KIND OF BUSINESS OR INDUSTRY**: Transportation

(15a) **RESIDENCE—STATE**: Oregon

(15b) **COUNTY**: Klamath

(15c) **CITY, TOWN, OR LOCATION**: Keno

(15d) **STREET AND NUMBER OR R.F.D., ZIP**: P.O. Box424 97627

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

(16) **FATHER**—NAME first middle last: Arthur Paul Dorow

(17) **MOTHER**—first middle last (Maiden Name): Ella - Kruger

(18) **INFORMANT**—NAME and relationship to deceased: Kathryn A. Dorow, wife

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

(19b) **CEMETERY OR CREMATORY**—NAME: Keno Cemetery

(19c) **LOCATION** city or town, state: Keno, Oregon 97627

(20a) **FUNERAL SERVICE LICENSEE** Or Person Acting As Such [Signature]: William F. Davenport

(20b) **NAME AND ADDRESS OF FACILITY**: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

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]: R. Rand Hale MD.

(21b) **DATE SIGNED** [Mo., Day, Yr.]: March 1, 1985

(21c) **HOUR OF DEATH**: 5:00 A M

(21d) **NAME AND ADDRESS OF CERTIFIER** [Type or Print]: R. Rand Hale, MD, 2584 Campus Drive, Klamath Falls, Oregon 97601

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

(22a) **DATE RECEIVED BY REGISTRAR** [Mo., Day, Yr.]: MAR 4 1985

(22b) **REGISTRAR** [Signature]: Catherine E. Clements

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

PART I
(a) Ventricular fibrillation / tachycardia. — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Respiratory failure — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Pseudomonas pneumonia. — Interval between onset and death:

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

(24) **AUTOPSY** [Specify Yes or No]: No

(25) **WAS MEDICAL EXAMINER NOTIFIED** [Specify Yes or No]: No

(26a) **ACCIDENT** [Specify Yes or No]: No

(26b) **DATE OF INJURY** [Mo., Day, Yr.]:

(26c) **HOUR OF INJURY**: M

(26d) **DESCRIBE HOW INJURY OCCURRED**:

(26e) **INJURY AT WORK** [Specify Yes or No]: No

(26f) **PLACE OF INJURY**—At home, farm, street, factory, office building, etc. [Specify]:

(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 Catherine E. Clements, Deputy Registrar

Date MAR 4 1985

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 11th day of March A.D., 19 85 at 4:39 o'clock P M, and duly recorded in Vol M85 of Deeds on page 3605

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: [signature], Deputy

Ret: Kathryn A. Dorow Box 424 Keno, Oregon 97627