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STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

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LOCAL FILE NUMBER 817

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME: First Dorothy; Middle Meeker; Last ORR
2. DATE OF DEATH (Month, Day, Year): May 4, 1985
3. COUNTY OF DEATH: Washoe
3a. CITY, TOWN, OR LOCATION OF DEATH: Reno
3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Washoe Medical Center
3c. INSIDE CITY LIMITS (Specify Yes or No): Yes
3d. If Place of Death DOA, OP, Emer Rm, Enroute (Specify): OP/Emer Rm
4a. RACE—(e.g., White, Black, American Indian, etc) (Specify): White
4b. ETHNIC
5a. AGE—Last Birthday (Years): 75
5b. UNDER 1 YEAR MOS : DAYS
5c. UNDER 1 DAY HOURS : MINS
6. DATE OF BIRTH (Mo., Day, Yr.): September 12 1909
7. SEX: Female
8. STATE OF BIRTH (If not U.S.A., name country): Washington
9. CITIZEN OF WHAT COUNTRY: U S A
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Jack Orr
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 544-42-9773
14. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Homemaker
14b. KIND OF BUSINESS OR INDUSTRY: Own Home
15. RESIDENCE—STATE: Oregon
15a. COUNTY: Curry
15b. CITY, TOWN, OR LOCATION: Harbor
15c. STREET AND NUMBER: 15965 Bayview Dr
15d. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16. FATHER—NAME: First Barney; Middle; Last Clowers
17. MOTHER—MAIDEN NAME: First Nora; Middle; Last Kennedy

INFORMANT

18a. INFORMANT—NAME (Type or Print): Jack Orr
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 15965 Bayview Drive, Harbor, Oregon

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Removal-Burial
19b. CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Garden
19c. LOCATION City or Town: Klammath Falls; State: Oregon
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): Merle N Edwards
20b. NAME AND ADDRESS OF FACILITY: O'Brien-Rogers & Crosby 600 W. 2nd St. Reno, NV 89503

CERTIFIER

To be completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title)
21b. DATE SIGNED (Mo., Day, Yr.)
21c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be completed by Coroner's Office

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title): Vernon O. McCarty
22b. DATE SIGNED (Mo., Day, Yr.): May 6, 1985
22c. HOUR OF DEATH: 7:14 a.m.
22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON: May 4, 1985
22e. PRONOUNCED DEAD (Hour) AT: 7:14 a.m.

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520

REGISTRAR

24a. (Signature): Aurelia Allen Dep.
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): May 6, 1985

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) Atherosclerotic cardiovascular disease with hypertension — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) — 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)

24c. DEATH DUE TO COMMUNICABLE DISEASE: YES [ ] NO [X]

26. AUTOPSY (Specify Yes or No): No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): Yes

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)
28b. DATE OF INJURY (Mo., Day, Yr.)
28c. HOUR OF INJURY
28d. DESCRIBE HOW INJURY OCoccurred
28e. INJURY AT WORK (Specify Yes or No)
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
28g. LOCATION: STREET OR R.F.D. No. / CITY OR TOWN / STATE

VITAL RECORDS

No. 48915

Return to:
Brophy, Wilson & Duhaime
P.O. Box 128
Medford, OR 97501

Indexed In Deeds
State of Oregon } ss.
County of Curry }

I hereby certify that the within instrument was filed for record MAY 23, 1985 at 10:25 o'clock A. M. and recorded in Book of Records Vol. 112 Page 342
EUGENE P. BAUMANN, County Clerk
Fee Rec'd. 4.00 By [illegible] Deputy

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 6th day of June A.D., 19 85 at 11:33 o'clock A M, and duly recorded in Vol M85, of Deeds on page 8390.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK
by: [illegible], Deputy