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STANDARD CERTIFICATE OF DEATH 11091

LOCAL REGISTRAR'S NUMBER 229

STATE OF OREGON
BOARD OF HEALTH - PORTLAND
PUBLIC HEALTH SERVICE

DATE RECEIVED SEP 10 1985

1. NAME OF DECEASED: Dorothea

2. PLACE OF DEATH: A. COUNTY Klamath

3. USUAL RESIDENCE (if institution, give residence before admission): A. STATE Oregon B. COUNTY Klamath

5. CITY, TOWN (if outside corporate limits, so specify): Merrill C. LENGTH OF STAY: 29 yrs. C. CITY, TOWN (if outside corporate limits, so specify): Merrill, Ore.

D. NAME OF HOSPITAL (if not in hospital, give street address or institution): Merrill, Oregon D. STREET ADDRESS, FUNERAL HOME, ETC.: Merrill, Ore.

4. DATE OF DEATH: August 7, 1964 B. SEX: Female 6. COLOR OR RACE: Caucasian

8. SOCIAL SECURITY NO.: 544-05-2778 9. USUAL OCCUPATION (State of mind during time of life): Housewife 10. KIND OF BUSINESS OR INDUSTRY: None 11. NAME OF SPOUSE: J.M. Graybael

12. DATE OF BIRTH: March 12, 1912 13. AGE LAST BIRTHDAY: 52 14. IF UNDER 1 YEAR: None 15. IF UNDER 24 MONTHS: None

16. BIRTHPLACE (State or Foreign Country): South Dakota 17. WAS DECEASED A CITIZEN OF: U.S. 18. IF DECEASED WAS A VETERAN, WHAT WAR?: No

19. NAME OF FATHER: William Heinrich 20. MAIDEN NAME OF MOTHER: Elsie KX 21. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: J.M. Graybael, hus.

22. CAUSE OF DEATH (State only one cause per line for 1A, 1B, and 1C):
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Acute Cerebral Edema
DUE TO (B): Acute myocardial infarction
DUE TO (C): Acute + Chronic alcoholism

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): None

23. IF FEMALE, WAS THERE A PREGNANCY IN PART II: No 24. EXTERNAL CAUSE OF DEATH WAS: None 25. DESCRIBE HOW INJURY OCCURRED: None

26. TIME OF INJURY (month, day, year): Aug 7, 1964 27. INJURY OCCURRED: None 28. PLACE OF INJURY (home, farm, factory, street, other): None

29. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in the opinion of the death resulted in or about 11:00 AM of the day of August 1964.

30. SIGNATURE: Martin A. Linder 31. PLACE OF BURIAL, CREMATION, ETC.: Picard Cemetery, Dorris, Calif.

32. SIGNATURE: Mark O'Hara 33. SIGNATURE: Margaret Corner

NAME OF FUNERAL HOME AND ADDRESS: Old Fair Memorial Chapel, 550 Fair St., Klamath Falls

DATE RECEIVED: AUG 17 1964 FILE NO.: 581.1

STATE OF OREGON, COUNTY OF MULTNOMAH

DATE ISSUED APR 05 1985

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Return to:
Steven A. Zamsky
601 Main Street Suite 204
Klamath Falls, Ore. 97601

Joseph D. Carney, State Registrar

NOT VALID WITHOUT SEAL OF OREGON STATE HEALTH DIVISION

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 July A.D., 1985 at 2:11 o'clock P M, and duly recorded in Vol M85 of Deeds on page 10777.

Fee: \$ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Bernetha A. Letcher, Deputy