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

Vol. M85 Page 11807

CERTIFICATE OF DEATH

Local File Number 288

DECEASED—NAME First PEARL Middle LORRAINE Last JENSEN State File Number

1 RACE White, Black, American Indian, etc. (specify) White 2 DATE OF DEATH (month, day, year) July 20, 1985

3 SEX Female 4 AGE—Last birthday (years) 61 5a Under 1 year mos days 5b Under 1 day hours min 6 DATE OF BIRTH (month, day, year) March 31, 1924

CITY, TOWN OR LOCATION OF DEATH Klamath Falls HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) West Medical Center IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm, Inpatient (Specify) Inpatient 7c COUNTY OF DEATH Klamath

7a STATE OF BIRTH (if not in U.S.A. name country) Missouri 8 CITIZEN OF WHAT COUNTRY U.S.A. 9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed 10 SPOUSE (IF MARRIED, WIDOWED) Harry George Jensen 11 WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) No

SOCIAL SECURITY NUMBER 540-20-0621 12 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Educational Secretary 13a KIND OF BUSINESS OR INDUSTRY Secondary Education

13b RESIDENCE—STATE Oregon COUNTY Klamath CITY, TOWN, OR LOCATION Klamath Falls 14b STREET AND NUMBER OR R.F.D., ZIP 4619 Boardman 97603 15a FATHER—NAME first middle last Roy Rodney Bowers 15b MOTHER—first middle last (Maiden Name) Myrtle Charity Hooper 15c INFORMANT—NAME and relationship to deceased Susan Kessler, daughter 15d Inside City Limits (specify yes or no) No

16 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial 17 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens 18 LOCATION city or town state Klamath Falls, Oregon 97603

19a FUNERAL SERVICE LICENSEE OR PERSON Acting As Such (Signature) William F. Davenport 19b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated Cardio pulmonary arrest 20b DATE SIGNED (Mo., Day, Yr.) July 22, 1985 20c HOUR OF DEATH 6:55 A.M.

21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Mark S. Kochevar, MD, 1905 Main Street, Klamath Falls, Oregon 97601 21b DATE SIGNED (Mo., Day, Yr.) July 22, 1985 21c HOUR OF DEATH 6:55 A.M.

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

21e DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUL 22 1985 22a REGISTRAR (Signature) Therese E. Lamm

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

PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Cardio pulmonary arrest Interval between onset and death minutes

(b) DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of the breast - metastases Interval between onset and death 2 yrs.

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

PART II Hypertension, essential

ACCIDENT (Specify Yes or No) No DATE OF INJURY (Mo., Day, Yr.) July 22, 1985 HOUR OF INJURY 6:55 M 26d DESCRIBE HOW INJURY OCCURRED Cardio pulmonary arrest 24 AUTOPSY (Specify Yes or No) No 25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No

26a INJURY AT WORK (Specify Yes or No) No 26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Home 26c LOCATION Klamath Falls STREET OR R.F.D. NO. 4619 Boardman CITY OR TOWN Klamath Falls STATE Oregon

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 Therese E. Lamm, Deputy Registrar

Date July 22, 1985
VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of July A.D., 19 85 at 2:15 o'clock P M., and duly recorded in Vol. M85
of Deeds on Page 11807

FEE \$5.00

Evelyn Biehn
By _____

County Clerk
Tom Smith

RET. Ward Friedman
1985 July 22
4750 97601