

Vital Records Unit
CERTIFICATE OF DEATH

TYPE
 OR PRINT
 IN
 PERMANENT
 BLACK
 INK
 FOR
 INSTRUCTIONS
 SEE
 HANDBOOK

DECEDENT

IF DEATH
 OCCURRED IN
 INSTITUTION,
 SEE HANDBOOK
 REGARDING
 COMPLETION OF
 RESIDENCE ITEMS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

Local File Number <u>433</u>		State File Number	
DECEASED—NAME First Middle Last <u>Olive Hendrix BURKE</u>		DATE OF DEATH (month, day, year) <u>2 October 20, 1985</u>	
1 RACE White, Black, American Indian, etc (specify) <u>White</u>	4 SEX <u>Female</u>	5a AGE—Last birthday (years) <u>86</u>	5b Under 1 year mo. days <u>5c</u> Under 1 day hours min <u>5d</u>
3 CITY, TOWN OR LOCATION OF DEATH <u>Klamath Falls</u>		6 DATE OF BIRTH (month, day, year) <u>September 12, 1899</u>	
7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <u>Klamath Convalescent Center</u>		7c IF HOSP OR INST indicate DOA, OP, Emer, Am, Inpatient (Specify) <u>Inpatient</u>	
7b COUNTY OF DEATH <u>Klamath</u>		7d WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <u>No</u>	
8 STATE OF BIRTH (If not in U.S.A. name country) <u>Iowa</u>		9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Widowed</u>	
10 SOCIAL SECURITY NUMBER <u>544-07-4014</u>		11 SPOUSE (IF MARRIED, WIDOWED) <u>Joseph Leo Burke</u>	
12 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>		13 KIND OF BUSINESS OR INDUSTRY <u>Department Store</u>	
14a RESIDENCE—STATE <u>Oregon</u>		14b CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	
14c COUNTY <u>Klamath</u>		14d STREET AND NUMBER OR R.F.D., ZIP <u>905 Prospect St. 97601</u>	
15a FATHER—NAME first middle last <u>Hendrix</u>		15b MOTHER—first middle last (Maiden Name) <u>Donna Molatore, Daughter</u>	
16 BURIAL, CREMATION, REMOVAL, MAUS. (specify) <u>Burial</u>		16b CEMETERY OR CREMATORY—NAME <u>Eternal Hills Memorial Gardens</u>	
17a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) <u>[Signature]</u>		17b NAME AND ADDRESS OF FACILITY <u>QUhair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls,</u>	
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <u>[Signature]</u>		20b DATE SIGNED (Mo. Day, Yr.) <u>10-21-85</u>	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) <u>Alden Glidden, M.D., 2680 Uhrmann Rd., Klamath Falls, Ore. 97601</u>		21c HOUR OF DEATH <u>10:55 A. M.</u>	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
22a DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) <u>OCT 22 1985</u>		22b REGISTRAR (Signature) <u>Kathleen E. Cravink</u>	
23 IMMEDIATE CAUSE PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <u>Recurrent Stroke</u> (b) DUE TO, OR AS A CONSEQUENCE OF: <u>Completed Stroke</u> (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u>3 days</u> Interval between onset and death <u>no.</u> Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		24 AUTOPSY (Specify Yes or No) <u>No</u>	
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <u>No</u>			
26a ACCIDENT (Specify Yes or No)		26b DATE OF INJURY (Mo. Day, Yr.)	
26c HOUR OF INJURY		26d DESCRIBE HOW INJURY OCCURRED	
26e INJURY AT WORK (Specify Yes or No)		26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
26g LOCATION		26h STREET OR R.F.D. NO	
26i CITY OR TOWN		26j STATE	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

45-2 REV 12

Return to:
Jerry Molatore
445 Main St., Klamath Falls, OR 97601
 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 Kathleen E. Cravink, Deputy Registrar
 Date Oct 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. _____ the _____ day
 Filed for record at request of _____ of _____ A.D., 19 85 at 4:34 o'clock P M., and duly recorded in Vol. M85
 of _____ Deeds on Page 19351
 FEE \$5.00
 By Evelyn Biehn, County Clerk
[Signature]