Vol. M85 Page 19371

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

482
Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

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

1. DECEASED—NAME (First) Dorothy	(Middle) Montgomery	(Last) SMITH		2. DATE OF DEATH (month day year) November 10, 1985	
3. RACE (White, Black, American Indian, etc. (specify)) White	4. SEX Female	5a. AGE—Last birthday (years) 64	Under 1 year: 5b. mos / days	Under 1 day: 5c. hours / min	6. DATE OF BIRTH (month, day, year) July 7, 1921
7d. CITY, TOWN OR LOCATION OF DEATH Bonanza	7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Rt. 1, Box 29	7c. IF HOSP OR INST: Indicate DOA, OP/Emer, Rm, Inpatient (Specify) —		7d. COUNTY OF DEATH Klamath	
8. STATE OF BIRTH (If not in U.S.A. name country) California	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11. SPOUSE (IF MARRIED, WIDOWED) Gerald W. Smith	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
13. SOCIAL SECURITY NUMBER 552-26-9308	14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Switchboard Operator	14b. KIND OF BUSINESS OR INDUSTRY Tire Mfg. Co.			
15a. RESIDENCE—STATE Oregon	15b. COUNTY Klamath	15c. CITY, TOWN, OR LOCATION Bonanza	15d. STREET AND NUMBER OR R.F.D., ZIP Rt. 1, Box 29 97623	15e. Inside City Limits (specify yes or no) No	
16. FATHER—NAME first middle last — Rosenburg	17. MOTHER—first middle last (Maiden Name) —	18. INFORMANT—NAME and relationship to deceased Gerald W. Smith, Husband			
19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation	19b. CEMETERY OR CREMATORY—NAME Klamath Cremation Service	19c. LOCATION (City or Town, State) Klamath Falls, Ore.			
20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) Mike Ohair	20b. NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore				

SPOSITION

1 ____
2 ____
3 ____

CERTIFIER

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) James H. Connelly M.D.	21b. DATE SIGNED (Mo. Day Yr) November 10, 1985	21c. HOUR OF DEATH 4:00 A. M

21d. NAME AND ADDRESS OF CERTIFIER (Type or Print) James H. Connelly, M.D., Box 332, Bonanza, Oregon 97623

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

22a. DATE RECEIVED BY REGISTRAR (Mo. Day Yr) NOV 19 1985	22b. REGISTRAR (Signature) Marian Ackerman

CAUSE OF DEATH

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

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

PART I
(a) Myocardial Decompensation — Interval between onset and death: 2 days
DUE TO, OR AS A CONSEQUENCE OF
(b) Arteriosclerotic Heart Disease — Interval between onset and death: 3 Years
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): Cirrhosis of Liver- 2 years

24. AUTOPSY (Specify Yes or No): No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

26a. ACCIDENT (Specify Yes or 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)	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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, ~~Deputy~~ *Registrar*

Date 11-20-85

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 26th day of November A.D., 19 85 at 10:03 o'clock A M., and duly recorded in Vol. M85 of Deeds on Page 19371.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith

Ret: Gerald W. Smith Rt. 1, Box 29, Bonanza, Oregon 97623