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

CERTIFICATE OF DEATH

Vol. M85 Page 20918

USE PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

Local File Number: 530

State File Number:

DECEDENT

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

1. DECEASED—NAME: First DORA, Middle LILA, Last TIFFEE
2. DATE OF DEATH (month day year): December 18, 1985
3. RACE (White, Black, American Indian, etc.) (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 79
5b. Under 1 year (mos, days):
5c. Under 1 day (hours, min):
6. DATE OF BIRTH (month day year): October 29, 1906
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 3008 Cortez Drive
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): Oklahoma
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (If married, widowed): Joe D. Tiffee
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no): No
13. SOCIAL SECURITY NUMBER: 540 - 28 - 7859
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
14b. KIND OF BUSINESS OR INDUSTRY: Homemaking
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 3008 Cortez Drive 97603
15e. Inside City Limits (specify yes or no): No
16. FATHER—NAME first, middle, last: Wesley Allan Bowles
17. MOTHER—first, middle, last (Maiden Name): Delphia - Thurman
18. INFORMANT—NAME and relationship to deceased: Pat Revis, daughter

DISPOSITION

1 ____
2 ____
3 ____

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
19c. LOCATION (city or town, state): Klamath Falls, Oregon
20a. FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature): William F. Davenport
20b. NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

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): Raymond Tice
21b. DATE SIGNED (Mo Day Yr): December 19, 1985
21c. HOUR OF DEATH: 8:40 A.M.
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Raymond Tice, MD, Medical-Dental Bldg., 905 Main Street, Klamath Falls, Oregon 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
22a. DATE RECEIVED BY REGISTRAR (Mo Day Yr): December 19, 1985
22b. REGISTRAR (Signature): [signature]

CAUSE OF DEATH

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

23. PART I (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) IMMEDIATE CAUSE: Malignant Lymphoma — Interval between onset and death: 5 years
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

4 ____
5 ____
6 ____

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): No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No
26a. ACCIDENT (Specify Yes or No): 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): 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 12-81

Return Patricia Revis 5263 Wichita Ct. K. Falls 97603

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.

[SEAL]

MARIAN ACKERMAN, Registrar Vital Statistics
By [signature] Deputy Registrar
Date December 19, 1985
VOID IF ALTERED
NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT

5.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ________ of December A.D., 19 85 at 4:23 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 20918.

Evelyn Biehn County Clerk
By Dernetha D. Letsch

FEE $5.00