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

CERTIFICATE OF DEATH

Local File Number: 27

State File Number:

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. Deceased—Name (First, Middle, Last): Thomas J. O'Harra
2. Date of Death (month, day, year): January 21, 1986
3. Race (White, Black, American Indian, etc.) (specify): White
4. Sex: Male
5a. Age—Last birthday (years): 74
5b. Under 1 year (mos, days):
5c. Under 1 day (hours, min):
6. Date of Birth (month, day, year): December 26, 1911
7a. City, Town or Location of Death: Klamath Falls
7b. Hospital or Other Institution—Name (If not in either, give street and number): Merle West Medical Center
7c. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient
7d. County of Death: Klamath
8. State of Birth (If not in U.S.A. name country): Colorado
9. Citizen of What Country: U.S.A.
10. Married, Never Married, Widowed, Divorced (specify): Widowed
11. Spouse (If married, widowed): Ruth Maxine O'Harra
12. Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No): No
13. Social Security Number: 540-18-5724
14a. Usual Occupation (give kind of work done during most of working life, even if retired): Petroleum Distributor
14b. Kind of Business or Industry: Petroleum
15a. Residence—State: Oregon
15b. County: Klamath
15c. City, Town, or Location: Klamath Falls
15d. Street and Number or R.F.D., Zip: 611 Hillside St. 97601
15e. Inside City Limits (specify yes or no): Yes
16. Father—Name (first, middle, last): Thomas Leonard O'Harra
17. Mother—(first, middle, last) (Maiden Name): Maude - Johnson
18. Informant—Name and relationship to deceased: Tim O'Harra, Son

DISPOSITION

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): [signature]
20b. Name and Address of Facility: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.

CERTIFIER

To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated.

21a. (Signature): [signature] M.D.
21b. Date Signed (Mo, Day, Yr): Jan. 21, 1986
21c. Hour of Death: 10:35 A.M.
21d. Name and Address of Certifier (Type or Print): Earle M. LeVernois, M.D., 2628 Campus Dr., Klamath Falls, Ore. 97601
21e. Name of Attending Physician if Other Than Certifier (Type or Print):

22a. Date Received by Registrar (Mo, Day, Yr): JAN 21 1986
22b. Registrar (Signature): Katherine E. Cravenko

CAUSE OF DEATH

23. PART I — Immediate Cause (Enter only one cause per line for (a), (b), and (c).)

	Cause	Interval between onset and death
(a)	Cardio-Resp Failure	Terminal
(b) Due to, or as a consequence of:	Wide spread Metastic Ca	Known 6 Mos
(c) Due to, or as a consequence of:	1° Carcinoma of colon	3 yrs

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):
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 HEV 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 [signature: Katherine E. Cravenko] *Deputy Registrar*

Date Jan 22, 1986

VOID IF ALTERED

[SEAL] DEPARTMENT OF HEALTH, KLAMATH, OREGON

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 4th day of February A.D., 19 86 at 2:57 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 2133.

Evelyn Biehn County Clerk

By [signature: Bernetha A. Letsch]

FEE $5.00