DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number: _____ State File Number: _____

DECEDENT

1a. DECEASED—NAME: First: Dora; Middle: May; Last: KRING
2. DATE OF DEATH (month, day, year): January 10, 1986
3. RACE (White, Black, American Indian, etc.—Specify): White
4. SEX: Female
5a. AGE—Last Birthday (Years): 60
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): March 24, 1925
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 420 Mt. Pitt
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): Idaho
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Frederick F. Kring
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 544-42-9948
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: 420 Mt. Pitt 97601
15e. Inside City Limits (Specify yes or no): Yes
16. FATHER—NAME first middle last: William Harold Darnold
17. MOTHER—first middle last (Maiden Name): Lily May Ellsworth
18. INFORMANT—NAME and relationship to deceased: Frederick F. Kring, husband

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUSL (Specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens
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 97603-719

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]: Kenneth L. Tuttle, MD
21b. DATE SIGNED (Mo., Day, Yr.): January 13, 1986
21c. HOUR OF DEATH: 10:30 PM
NAME AND ADDRESS OF CERTIFIER (Type or Print): 21d. Kenneth L. Tuttle, MD, 2680 Uhrmann Road, Klamath Falls, Oregon 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e.

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): January 14, 1986
22b. REGISTRAR [Signature]: Roberni E. Crawford

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) Metastatic ovarian carcinoma — Interval between onset and death: 2 days
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:
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).
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:
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 12-85

STATE OF OREGON
County of Klamath ss.

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 Roberni E. Crawford *Deputy Registrar*

Date January 14, 1986

VOID IF ALTERED

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

[SEAL]

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 7th day of February A.D., 19 86 at 3:27 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 2419.

FEE $5.00

Evelyn Biehn County Clerk

By Bernetha J. Golach