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

CERTIFICATE OF DEATH

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

Local File Number: 467

State File Number:

DECEDENT

1. DECEASED—NAME: First: Dorothy; Middle: Lois; Last: BIDWELL
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): 58
5b. Under 1 year: months
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): December 7, 1926
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): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Morris Albert Bidwell
12. SOCIAL SECURITY NUMBER: 544-20-0594
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker
13b. KIND OF BUSINESS OR INDUSTRY: Own Home
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
15a. RESIDENCE—STATE: South Dakota
15b. COUNTY: Lake
15c. CITY, TOWN, OR LOCATION: Ramona
15d. STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 146 57054
15e. Inside City Limits (Specify Yes or No): Yes
16. FATHER—NAME first, middle, last: Richard - Busch
17. MOTHER—first, middle, last (Maiden Name): Lois - Chapin
18. INFORMANT—NAME and relationship to deceased: Morris Albert Bidwell, Husband

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
19c. LOCATION City or Town: Klamath Falls, Ore.
20. FUNERAL SERVICE LICENSEE OR PERSON Acting As Such (Signature): [signature]
NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

21a. (Signature): [signature] M.D.
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21b. DATE SIGNED (Mo. Day, Yr.): November 11, 1985
21c. HOUR OF DEATH: 7:15 P. M
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Francis V. Rudd, M.D., 2624 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.): NOV 12 1985
22b. REGISTRAR (Signature): [signature]

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 Squamous Cell Ca of Lung — Interval between onset and death: 4 months
DUE TO, OR AS A CONSEQUENCE OF
(b) Congestive Failure — Interval between onset and death: 2 days
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)
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. 1283

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 Jan 13 1986
VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of October A.D., 19 86 at 3:13 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 13093 the 3rd day

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]

Return: Morris A. Bidwell 4950 Sumac Ct. Klamath Falls, Oregon 97603