CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'77-000470

Local File Number 4

State File Number

CERTIFICATE OF DEATH

DECEASED—NAME: First DOROTHY Middle MARIE Last STANLEY

1. DATE OF DEATH (month, day, year): January 5, 1977
2. DATE OF BIRTH (month, day, year): February 14, 1918
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last birthday (years): 58
5b. Under 1 year — months
5c. Under 1 day — days / hours / min.
6. COUNTY OF DEATH: Klamath
7a. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7b. Inside City Limits (specify yes or no): Yes
7c. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: -
12. SOCIAL SECURITY NUMBER: 544-07-1719
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Homemaking
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Chiloquin
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: Box 545 - Stanley Ranch
15. FATHER—NAME first middle last: Oetriech Straus
16. MOTHER—Maiden Name first middle last: Nora McKinney
17. INFORMANT—NAME and relationship to deceased: Craig Long / Son-In-Law

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. Immediate cause (a): Pontine hemorrhage — Approximate interval between onset and death: Hours
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
due to, or as a consequence of (b): Hypertensive cardiovascular disease — Years
due to, or as a consequence of (c):

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

19a. ACCIDENT (specify yes or no): No
19b. DATE OF INJURY (month, day, year)
19c. HOUR
19d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
19e. AUTOPSY (yes or no): No
19f. IF YES were findings considered in determining cause of death
20a. INJURY AT WORK (specify yes or no)
20b. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20c. LOCATION (street or R.F.D. No., city or town, county, state)

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: Jan. 4, 1977 to Jan. 5, 1977
And Last Saw Him/Her Alive on: month day year: Jan. 5, 1977
I Did/Did Not view the body after death (specify): Did
DEATH OCCURRED (hour): 8:55 A.M.
at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Glenn Miller, MD
22b. NAME (type or print): Glenn C. Miller degree or Title: M.D.
22c. DATE SIGNED (month, day, year): Jan. 6, 1977
23. MAILING ADDRESS—PHYSICIAN: 1905 Main St. Klamath Falls, Oregon 97601
24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION: Klamath Falls, Oregon
24d. DATE (mo., day, year): Jan. 7, '77
25a. FUNERAL DIRECTOR—SIGNATURE
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S - 1945 Main - Klamath Falls, Oregon 97601
26a. REGISTRAR—SIGNATURE
26b. DATE RECEIVED BY LOCAL REGISTRAR: JAN 6 1977
27. DATE RECEIVED BY STATE REGISTRAR: JAN 18 1977
28. RESERVED FOR REGISTRAR'S USE

VS-2 8-69

Return:
Linda Long
P.O. Box 487
Chiloquin, OR 97624

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED OCT 29 1986

JOSEPH D. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of November A.D., 19 86 at 1:34 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 19971.

FEE $5.00

Evelyn Biehn, County Clerk
By _____