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

CERTIFICATE OF DEATH

TYPE PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE BOOK

334
Local File Number

State File Number

DECEASED—NAME 1: First DOROTHY; Middle M.; Last SUBER

DATE OF DEATH (month, day, year) 2: August 21, 1984

RACE (White, Black, American Indian, etc.) (specify) 3: White

SEX 4: Female

AGE (Last birthday) (years) 5a: 62

Under 1 year: months 5b; days

Under 1 day: hours 5c; min.

DATE OF BIRTH (month, day, year) 6: April 29, 1922

CITY, TOWN OR LOCATION OF DEATH 7a: Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b: Merle West Medical Center

IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) 7c: Inpatient

COUNTY OF DEATH 7d: Klamath

STATE OF BIRTH (If not in U.S.A., name country) 8: Minnesota

CITIZEN OF WHAT COUNTRY 9: U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10: Married

SPOUSE (IF MARRIED, WIDOWED) 11: Richard E. Suber

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12: No

SOCIAL SECURITY NUMBER 13: 475-14-1346

USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a: Meat Wrapper

KIND OF BUSINESS OR INDUSTRY 14b: Retail Grocery Store

RESIDENCE—STATE 15a: Oregon

COUNTY 15b: Klamath

CITY, TOWN, OR LOCATION 15c: Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP 15d: 323 Upham St. 97601

Inside City Limits (specify yes or no) 15e: Yes

FATHER—NAME first middle last 16: Herbert W. Hafar

MOTHER—first middle last (Maiden Name) 17: Ruth E. Moulton

INFORMANT—NAME and relationship to deceased 18: Richard E. Suber, Husband

BURIAL, CREMATION, REMOVAL, OTHER (specify) 19a: Burial

CEMETERY OR CREMATORY—NAME 19b: Klamath Memorial Park

LOCATION city or town, state 19c: Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a: [signature]

NAME AND ADDRESS OF FACILITY 20b: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

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]: R. Rand Hale, MD

DATE SIGNED (Mo., Day, Yr.) 21b: 8.22.84

HOUR OF DEATH 21c: 7:55 P. M

NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d: R. Rand Hale, M.D., 2584 Campus Dr., Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e:

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a: AUG 22 1984

REGISTRAR 22b [Signature]: [signature]

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Myocardial Rupture — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Acute anterior myocardial infarction — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Coronary artery occlusion — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Hypertension

AUTOPSY (Specify Yes or No) 24: Yes

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25: Yes

ACCIDENT (Specify Yes or No) 26a

DATE OF INJURY (Mo., Day, Yr.) 26b

HOUR OF INJURY 26c

DESCRIBE HOW INJURY OCCURRED 26d

INJURY AT WORK (Specify Yes or No) 26e

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f

LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 26g

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45.2 REV. 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] Deputy Registrar

Date AUG 22 1984

VOID IF ALTERED

(SEAL)

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

5.00 cash

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 7th day of November A.D., 19 86 at 2:37 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 20308.

Evelyn Biehn, County Clerk

By [signature]

FEE $5.00

Ret;Richard Suber 323 Upham St. Klamth Falls, Oregon 97601