

71513

12398
ID TAG NO.STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records UnitVol. M87 Page 2586

CERTIFICATE OF DEATH

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

PRECEDENT

IF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
PRECEDENT ITEMS

POSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH4
5
6

Local File Number 12398

DECEASED — NAME First Middle Last
Lorraine Jane TAYLOR

State File Number
DATE OF DEATH (month, day, year)
February 7, 1987

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

SEX
Female

AGE — Last birthday (years)
60

Under 1 year
mos. days
5b

Under 1 day
hours min.
5c

DATE OF BIRTH (month, day, year)
December 24, 1926

CITY, TOWN OR LOCATION OF DEATH
Medford

HOSPITAL OR OTHER INSTITUTION — NAME
(If not in either, give street and number)
Rogue Valley Memorial Hospital

IF HOSP. OR INST. indicate DOA, OP/Emer. Rm., Inpatient (specify)
Inpatient

COUNTY OF DEATH
Jackson

STATE OF BIRTH (If not in U.S., name country)
North Dakota

CITIZEN OF WHAT COUNTRY
U.S.A.

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

SPOUSE (IF MARRIED, WIDOWED)
George Ray Taylor

WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)
No

SOCIAL SECURITY NUMBER
502-20-9697

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

KIND OF BUSINESS OR INDUSTRY
Homemaking

RESIDENCE — STATE
Oregon

COUNTY
Klamath

CITY, TOWN OR LOCATION
Klamath Falls

STREET AND NUMBER OR R.F.D.
5140 Walton Drive

ZIP
97603

Inside City Limits (specify yes or no)
No

FATHER — NAME first middle last
Edward Johann Lean

MOTHER — first middle last (Maiden Name)
Jennie Marie Dahler

INFORMANT — NAME and relationship to deceased
G. Ray Taylor, husband

BURIAL, CREMATION, REMOVAL, MAUS. (specify)
Mausoleum

CEMETERY OR CREMATORY — NAME
Eternal Hills Memorial Gardens

LOCATION city or town state
Klamath Falls, Oregon 97

FUNERAL SERVICE LICENSEE or person acting as such (Signature)
William J. Davenport

NAME AND ADDRESS OF FACILITY
Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

To the best of my knowledge, death occurred on the time, date and place and due to the cause(s) stated
February 9, 1987

DATE SIGNED (Mo., Day, Year)
February 9, 1987

HOUR OF DEATH
3:40 P. M.

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)
Roger P. Bernard, MD, 748 State St., Medford, Oregon

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
748 State St., Medford, Oregon

ZIP
97504

DATE RECEIVED BY REGISTRAR (Mo., Day, Year)
FEB 9 1987

REGISTRAR
Donna X. Collins

IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))
Cardiopulmonary arrest

DUE TO, OR AS A CONSEQUENCE OF:
Upper airway obstruction

DUE TO, OR AS A CONSEQUENCE OF:
Chronic obstructive pulmonary disease

OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)
Chronic obstructive pulmonary disease

ACCIDENT (Specify Yes or No)
No

DATE OF INJURY (Mo., Day, Year)
No

HOUR OF INJURY
No

DESCRIBE HOW INJURY OCCURRED
No

INJURY AT WORK (Specify Yes or No)
No

PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
No

LOCATION
No

STREET OR R.F.D. NO.
No

CITY OR TOWN
No

STATE
No

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?
YES ☐ **NO** ☐ **N/A** ☐

WAS GIFT MADE?
YES ☐ **NO** ☐ **N/A** ☐

RESERVED FOR REGISTRAR'S USE

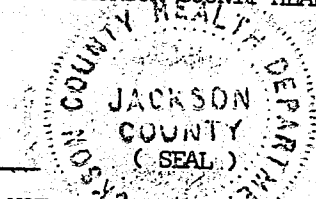
STATE OF OREGON

ORIGINAL VITAL STATISTICS COPY
CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

45-2 Rev. 6-86

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE FEB 9 1987

REGISTRAR, VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of February A.D., 19 87 at 2:37 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 2586

FEE \$5.00

Evelyn Biehn, County Clerk

Return: G. Ray Taylor 5140 Walton Dr. Klamath Falls, Oregon 97603