72536 B 5067 ID TAG NO. 134 Local File Number

Vol M87 Page 5333

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

CERTIFICATE OF DEATH

State File Number

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

DECEDENT

1 DECEASED — NAME: First LOLA Middle MYRTLE Last FOGEL

2 DATE OF DEATH (month, day, year): March 28, 1987

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

4 SEX: Female

5a AGE — Last birthday (years): 75

5b Under 1 year — mos. / days

5c Under 1 day — hours / min.

6 DATE OF BIRTH (month, day, year): July 4, 1911

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): Lindley

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

13 SOCIAL SECURITY NUMBER: 540-20-4887

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14b KIND OF BUSINESS OR INDUSTRY: At Home

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 4742 Shasta Way ZIP 97603

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

16 FATHER — NAME first middle last: Fred Smith

17 MOTHER — first middle last (Maiden Name): Sarah Varner

18 INFORMANT — NAME and relationship to deceased: Lindley Fogel - Husband

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Jim Lancaster

20b NAME AND ADDRESS OF FACILITY: Ward's Funeral Home / 1945 Main St. / Klamath Falls, Ore.

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): Glenn Gaillis MD

21b DATE SIGNED (Mo., Day, Year): 3/30/87

21c HOUR OF DEATH: 6:18 A. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Glenn Gaillis, MD - 1905 Main St. - Klamath Falls, Oregon ZIP 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): MAR 30 1987

22b REGISTRAR (Signature): Darlene E. Cramer

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

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

PART I

(a) PNEUMONIA — Interval between onset and death: 1 WEEK

DUE TO, OR AS A CONSEQUENCE OF:

(b) EMPHYSEMA AND ASTHMA — Interval between onset and death: YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(c) CONGESTIVE HEART FAILURE — Interval between onset and death: YEARS

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

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Year)	HOUR OF INJURY	AUTOPSY (Specify Yes or No)	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
28a No	26b	26c M	24 No	25 No

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	DESCRIBE HOW INJURY OCCURRED
26e	26f	26d

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

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

$5.00 cash

ORIGINAL–VITAL STATISTICS COPY

45-2 Rev 6-86

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 Darlene E. Cramer, Deputy Registrar

Date March 31, 1987

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lindley Fogel of March A.D., 19 87 at 4:01 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 5333. the 31st day

FEE $5.00

Return: Lindley Fogel 4742 Shasta Way, Klamath Falls, Oregon 97603

Evelyn Biehn, County Clerk

By