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07780 ID TAG NO. 337 Local File Number

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

Vol M87 Page 6383

CERTIFICATE OF DEATH

State File Number

1 DECEASED — NAME: First: Opal	Middle: G.	Last: KNOWLES			2 DATE OF DEATH (month, day, year): August 29, 1986
3 RACE (White, Black, American Indian, etc.) (specify): White	4 SEX: Female	5a AGE — Last birthday (years): 79	Under 1 year: 5b mos. days	Under 1 day: 5c hours min.	6 DATE OF BIRTH (month, day, year): October 2, 1906
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): Missouri	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): B.J. Knowles		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 544-05-2984	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Lady		14b KIND OF BUSINESS OR INDUSTRY: Women's Clothing Retail Sales		
15a RESIDENCE — STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D.: 2028 Applegate St.	ZIP: 97601	Inside City Limits (specify yes or no): 15e Yes
16 FATHER — NAME first middle last: Andrew Jackson Morris	17 MOTHER — first middle last (Maiden Name): Jane - Foland		18 INFORMANT — NAME and relationship to deceased: Darlene Blackman, Daughter		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	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): [signature]	20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore				
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): Byron T. Sagunsky M.D.			21b DATE SIGNED (Mo., Day, Year): September 2, 1986		HOUR OF DEATH 21c 2:22 P. M
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 21d Byron T. Sagunsky, M.D., 2300 Clairmont St., Klamath Falls, Ore. 97601					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e					
DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 22a September 2 1986	REGISTRAR: 22b (Signature) Doreen E. Cravens				

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

(a) Probable Cardiac Arrhythmia — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Possible sepsis — Interval between onset and death: few 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): Severe Rheumatoid Arthritis

24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No	No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Year)	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

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

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev. 1-86

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 Doreen E. Cravens, Deputy Regisrtar

Date September 3 1986

VOID IF ALTERED

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

S.D.D. Darlene Blackman P.O. Box 176 K.F. Falls

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of April A.D., 19 87 at 2:09 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 6383.

FEE $5.00

Evelyn Biehn, County Clerk
By _____