OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ID TAG NO. 100652

Local File Number 183

State File Number

DECEDENT — NAME: First Lora; Middle Louise; Last RAGAN

1 RACE (specify): White

2 SEX: Female

3 AGE — Last Birthday (Years): 81; Under 1 year: months / days / hours / min.

4 DATE OF DEATH (month, day, year): May 1, 1987

5 DATE OF BIRTH (month, day, year): October 1, 1905

6 CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

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

7b IF HOSP. OR INST.: Indicate DOA, OP/Emer. Rm., Inpatient (specify): Emerg. Rm.

7c COUNTY OF DEATH: Klamath

7d STATE OF BIRTH (If not in U.S.A., name country): Texas

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

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

10 SPOUSE (If married, widowed): Charles Robert Ragan

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

12 SOCIAL SECURITY NUMBER: 561-20-6130 A

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

14a KIND OF BUSINESS OR INDUSTRY: Own Home

14b ZIP: 97603

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 4491 Memorie Lane

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

16 FATHER — NAME first middle last: Watt Smith

17 MOTHER — first middle last (Maiden Name): Fannie - Salmons

18 INFORMANT — NAME and relationship to deceased: Charles Robert Ragan, Husband

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

19b CEMETERY OR CREMATORY — NAME AND LOCATION: Klamath Memorial Park

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

20c DATE SIGNED (Mo., Day, Year): May 4, 1987

20d HOUR OF DEATH: 3:49 P. M

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): [signature] M.D.

21b NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): ZIP: 97601

21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): David C. Seeley, M.D., Medical Dentl. Bld., Klamath Falls, Ore.

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): May 4 1987

22b REGISTRAR (Signature): [signature]

22c Interval between onset and death: 1 hr.

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

PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Cardiac Arrest — Interval between onset and death: 5+ yrs.

(b) DUE TO, OR AS A CONSEQUENCE OF: Coronary Heart disease — Interval between onset and death:

(c)

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

24 AUTOPSY (Specify Yes or No): No

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

ACCIDENT (Specify Yes or No)

26a INJURY AT WORK (Specify Yes or No)

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

26c HOUR OF INJURY M

26d DESCRIBE HOW INJURY OCCURRED

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

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

45-2 Rev. 8-86

ORIGINAL—VITAL STATISTICS COPY

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 May 4 1987

VOID IF ALTERED

SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of May of A.D., 19 87 at 2:16 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 7624.

the 5th day

Evelyn Biehn, County Clerk

By [signature]

FEE $5.00