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ID TAG NO.

257

Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records UnitCERTIFICATE OF DEATH
ORS - 146

Vol. 1871 Page 12293

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOKIF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
SIDENCE ITEMS

DECEASED

DISPOSITION

CERTIFIER

MEDICAL

EXAMINER

CAUSE OF

DEATH

CONDITIONS

IF ANY

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE

STATING THE

UNDERLYING

CAUSE LAST

DECEASED - NAME First Middle Last Ellen Marie SMALLEY		DATE OF DEATH (month, day, year) July 6, 1987	
1 RACE White, Black, American Indian, etc. (Specify) White		2 DATE OF BIRTH (month, day, year) August 27, 1931	
3 SEX Female		4 AGE - Last birthday (years) 55	
5 CITY, TOWN OR LOCATION OF DEATH Merrill		6 HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) Hwy. 39 So. (P.O. Box 826)	
7a STATE OF BIRTH (if not in U.S., name country) Oregon		7b CITIZEN OF WHAT COUNTRY U.S.A.	
8 SOCIAL SECURITY NUMBER 540-34-0741		9 MARIED, NEVER MARIED, WIDOWED, DIVORCED (Specify) Married	
10 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		11 SPOUSE (IF MARRIED, WIDOWED) Gerald A. Smalley	
12 RESIDENCE - STATE Oregon		13 COUNTY Klamath	
14a CITY, TOWN OR LOCATION Merrill		14b STREET AND NUMBER OR R.F.D. P.O. Box 826 Hwy. 39 So.	
15a FATHER - NAME Dan McAuliffe		15b MOTHER - NAME Janie O'Sullivan	
16 BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Burial		17 CEMETERY OR CREMATORY - NAME Malin Community Cemetery	
18a FUNERAL SERVICE LICENSEE (Signature) [Signature]		18b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or.	
19 CERTIFICATION - MEDICAL EXAMINER I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT: DEATH OCCURRED (Hour) 1:45 A. M. 21b THE DECEASED WAS PRONOUNCED DEAD Month Day Year July 6, 1987 7:45 A. M. 21c FROM NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> 21d CERTIFIER (Signature) Robert Edwards, M.D. HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/> 21e MEDICAL EXAMINER DATE SIGNED (Month, Day, Year) July 8, 1987 21f For: Klamath 22a DATE RECEIVED BY REGISTRAR (Month, Day, Year) JUL 8 1987 22b REGISTRAR (Signature) [Signature] 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) (a) Pulmonary Embolus, large (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a) 24 AUTOPSY (Specify Yes or No) Yes 25a DATE OF INJURY (Month, Day, Year) 25b HOUR 25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 23) 25d INJ. AT WORK (Specify Yes or No) 25e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 25f LOCATION (Street or R.F.D. No., City or Town, County, State) 26 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/> 27 WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/> 28 RESERVED FOR REGISTRAR'S USE			

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 JUL 8 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 _____ the 13th day of July A.D., 1987 at 2:07 o'clock P.M., and duly recorded in Vol. 12293 of _____ Deeds on Page 12293

Evelyn Biehn, County Clerk
By [Signature]

FEE \$5.00

Ret: Gerald Smalley Box 826 Klamath Falls, Oregon