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B-3459

ID TAG NO.

260

Local File Number

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

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

## DISPOSITION

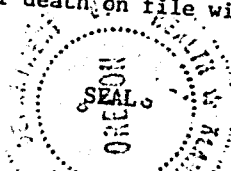
## CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LASTCAUSE OF  
DEATH

DECEASED - NAME First Middle Last <b>Dorothy L. O'TOOLE</b>		DATE OF DEATH (month, day, year) <b>2 July 10, 1987</b>	
1 RACE White, Black, American Indian, etc. (Specify) <b>White</b>	2 SEX <b>Female</b>	3 AGE - Last birthday (years) <b>69</b>	4 DATE OF BIRTH (month, day, year) <b>6 January 14, 1918</b>
5 CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>		6 HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) <b>Mtn View Care Center</b>	
7a STATE OF BIRTH (If not in U.S., name country) <b>Missouri</b>	7b CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	7c MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	7d SPOUSE (If MAHRIED, WIDOWED) <b>Peter J. O'Toole</b>
8 SOCIAL SECURITY NUMBER <b>512-03-1084</b>	9 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary/bookkeeper</b>	10 IF HOSP. OR INST. Indicate CCA OP, Emer. Rm., Inpatient (Specify) <b>Inpatient</b>	11 COUNTY OF DEATH <b>Klamath</b>
12 RESIDENCE - STATE <b>Oregon</b>	13 COUNTY <b>Klamath</b>	14a CITY, TOWN OR LOCATION <b>Klamath Falls</b>	14b STREET AND NUMBER OR R.F.D. <b>455 Uerlings Street</b>
15a FATHER - NAME first middle last <b>Albert T. Maedor</b>	15b MOTHER - first middle last <b>Anna M. Lindstrum</b>	15c (Maiden Name) <b>Uerlings</b>	15d ZIP <b>97601</b>
16 BURIAL, CREMATION, REMOVAL, MAUS. (Specify) <b>Cremation</b>		17 CEMETERY OR CREMATORY - NAME <b>Eternal Hills Crematory</b>	
18a FUNERAL SERVICE LICENSEE (Signature) <i>William T. Davenport</i>		18b NAME AND ADDRESS OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194</b>	
19a (Signature) <i>Kenneth K. Magee</i>		19b DATE SIGNED (Mo., Day, Year) <b>July 10, 1987</b>	
20a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) <b>Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon</b>		20b ZIP <b>97601</b>	
21a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) <b>JUL 10 1987</b>		21b REGISTRAR <i>Marian Ackerman</i>	
22 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))			
(a) <b>Cordis - Respiratory Arrest</b>		Interval between onset and death <b>minutes</b>	
(b) <b>Recent Cerebral Vascular Accidents</b>		Interval between onset and death	
(c) <b>Advanced Generalized atherosclerosis</b>		Interval between onset and death	
23 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) <b>Diabetic mellitus - type I.</b>			
24a ACCIDENT (Specify Yes or No) <b>No</b>	24b DATE OF INJURY (Mo., Day, Year)	24c HOUR OF INJURY	24d AUTOPSY (Specify Yes or No) <b>No</b>
25a INJURY AT WORK (Specify Yes or No) <b>No</b>	25b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	25c DESCRIBE HOW INJURY OCCURRED	25d WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <b>No</b>
26a DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		26b WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	

ORIGINAL - VITAL STATISTICS COPY

45-2 (Rev. 8-85)

STATE OF OREGON  
COUNTY OF KLAMATHThis 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 *Marian Ackerman* Deputy RegistrarDate **JUL 10 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 **Peter J. O'Toole**  
of **July** A.D., 19 **87** at **2:21** o'clock **P** M., and duly recorded in Vol. **M87** day  
of **Deeds** on Page **12572**

FEE \$5.00

Ret: Peter J. O'Toole

Evelyn Biehn, County Clerk  
By *Pam Smith*  
455 Uerlings St., Klamath Falls, Oregon 97601