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

Vol. M87 Page 14865

CERTIFICATE OF DEATH

Local File Number | State File Number

1 DECEASED — NAME: First: Dorothy	Middle: V.	Last: ANDERSEN	2 DATE OF DEATH (month, day, year): July 29, 1987		
3 RACE (White, Black, American Indian, etc.) (specify): White	4 SEX: Female	5a AGE — Last Birthday (years): 70	Under 1 year: 5b mos. / days	Under 1 day: 5c hours / min.	6 DATE OF BIRTH (month, day, year): July 20, 1917
7a CITY, TOWN OR LOCATION OF DEATH: Medford	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Rogue Valley Medical Center	7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Inpatient	7d COUNTY OF DEATH: Jackson		
8 STATE OF BIRTH (If not in U.S.A., name country): Kentucky	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Harry D.	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No	
13 SOCIAL SECURITY NUMBER: 544-42-9322	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dispatcher	14b KIND OF BUSINESS OR INDUSTRY: Klamath Falls City Police			
15a RESIDENCE — STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D.: 3333 Anderson Ave., Sp# 44 ZIP 97603	15e Inside City Limits (specify yes or no): NO	
16 FATHER — NAME first middle last: Lester Ashland Taylor	17 MOTHER — first middle last (Maiden Name): Jewel V. Timmons	18 INFORMANT — NAME and relationship to deceased: Harry D. Andersen, husband			
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY — NAME: Klamath Memorial Park	19c LOCATION city or town, state: Klamath Falls, Oregon 97			
20a FUNERAL SERVICE LICENSEE (Signature) (Person acting as such): William F. Davenport	20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 620 South Sixth Street, Klamath Falls, Oregon 97603-7194				

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): Bruce E. VanZee MD — DATE SIGNED (Mo., Day, Year) 21b: July 31, 1987 — HOUR OF DEATH 21c: 12:10 P.M.

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 21d Bruce E. VanZee, MD, 1025 East Main Street, Medford, Oregon ZIP 97501

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

DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a: JUL 31 1987 — REGISTRAR 22b (Signature): Donna K. Collins

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

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

PART I
(a) Cardiac Arrest — Pseudomonas Sepsis — Interval between onset and death: days
DUE TO, OR AS A CONSEQUENCE OF (b) Pneumonia — Cerebrovascular Accident — Interval between onset and death: weeks
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): Acute Renal Failure — C.V.A. Bleeding

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

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Year)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
No			

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
NO				

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

STATE OF OREGON — CERTIFIED COPY OF DEATH RECORDS — COPY — COUNTY OF JACKSON — 45-2 Rev 6-86

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

JACKSON COUNTY HEALTH DEPARTMENT OFFICIAL SEAL

Harry W. Collins, Jr.
REGISTRAR, VITAL STATISTICS

DATE JUL 31 1987

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 18th day of August A.D., 19 87 at 4:15 o'clock P M, and duly recorded in Vol M87, of Deeds on page 14865.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: Pam Smith, Deputy

Ret: Mr. Harry D. Andersen 3333 Anderson Ave., #44 Klamath Falls, Or.