78833 KCTC-3981

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

Vol. M87 Page 15915

866

Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME First: Myrtle	Middle: M.	Last: Doto		DATE OF DEATH (month, day, year): 2July 5, 1980	
3 RACE White, Black, American Indian, etc. (specify): Cauc.	4 SEX: Female	5a AGE—Last birthday (years): 87	Under 1 year: 5b mos / days	Under 1 day: 5c hours / min	DATE OF BIRTH (month, day, year): 6February 10, 1893
7a CITY, TOWN OR LOCATION OF DEATH: Molalla	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 209 Francis St.	7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]		7d COUNTY OF DEATH: Clackamas	
8 STATE OF BIRTH (If not in U.S.A., name country): Oregon	9 CITIZEN OF WHAT COUNTRY: USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Francis Doto	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: NO	
13 SOCIAL SECURITY NUMBER: 571-10-1391	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Home decorator	14b KIND OF BUSINESS OR INDUSTRY			
15a RESIDENCE—STATE: Oregon	15b COUNTY: Clackamas	15c CITY, TOWN, OR LOCATION: Molalla	15d STREET AND NUMBER OR R.F.D., ZIP: 209 Frances Street 97038	15e Inside City Limits (specify yes or no): YES	
16 FATHER—NAME first middle last: Harry Scott	17 MOTHER—Maiden Name first middle last: Mamee B. Keyes	18 INFORMANT—NAME and relationship to deceased: Francis Doto - spouse			
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Mausoleum	19b CEMETERY OR CREMATORY—NAME: Belle Passi Mausoleum	19c LOCATION city or town state: Woodburn, Oregon			
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Gary Simon	20b NAME AND ADDRESS OF FACILITY: Simon Funeral Chapel 1050 North Boones Ferry Road Woodburn, Oregon 97071				
To be Completed by CERTIFYING PHYSICIAN Only — 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature]: Allison B. Willeford	21b DATE SIGNED [Mo., Day, Yr.]: 7-10-80	21c HOUR OF DEATH: 1135A M			
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Allison B. Willeford, D. O., P.O. Box 412, Molalla, Oregon 97038					
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]					
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JUL 15 1980	22b REGISTRAR [Signature]: Beana Jones				

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

		Interval between onset and death
PART I (a)	Uremia	days
DUE TO, OR AS A CONSEQUENCE OF: (b)	CVA	Months
DUE TO, OR AS A CONSEQUENCE OF: (c)	AC MI Digest	Yrs

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]	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
NO	Yes

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY M	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

RECEIVED FOR REGISTRAR'S USE

'87 SEP 2 AM 11

After recording return to:
Francis B. Doto
209 Frances Street
Molalla, Ore. 97038

HS-2 Rev-1-80

STATE OF OREGON)
COUNTY OF CLACKAMAS)

This certifies that the above is a true copy of a record of death registered with Clackamas County Public Health Division.

JOHN F. SCHILKE, M. D.
By Beana Jones
Date JUL 15 1980

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF CLACKAMAS COUNTY PUBLIC HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Company the 2nd day of September A.D., 19 87 at 11:17 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 15915.

FEE $5.00

Evelyn Biehn, County Clerk
By