81658 '87 NOV 17 AM 9 36 Vol. M87 Page 20807

STATE OF HAWAII
DEPARTMENT OF HEALTH
RESEARCH & STATISTICS OFFICE

CERTIFICATE OF DEATH

STATE FILE NO. 151

1. DECEASED — FIRST NAME: CHARLOTTE | MIDDLE NAME: DIXON | LAST NAME: McLEAN
2. SEX: FEMALE
3. DATE OF DEATH (MONTH, DAY, YEAR): AUGUST 23, 1987
4a. RACE: Caucasian
4b. IS PERSON OF SPANISH ORIGIN? YES / NO
5a. AGE — LAST BIRTHDAY (YEARS): 64
5b. UNDER 1 YR. (MONTHS / DAYS / HOURS / MIN.)
6. DATE OF BIRTH (MONTH, DAY, YEAR): September 14, 1922
7a. COUNTY OF DEATH: HONOLULU
7b. ISLAND OF DEATH: OAHU
7c. CITY, TOWN OR LOCATION OF DEATH: HONOLULU
7d. HOSPITAL OR OTHER INSTITUTION (NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)): TRIPLER army MEDICAL CENTER
7e. IF HOSP OR INST., INDICATE: (DOA, OPD, INPT, ER, OTHER (SPECIFY)): INPATIENT
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Massachusetts
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): -
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): no
13. SOCIAL SECURITY NUMBER: 022-16-0813
14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
14b. KIND OF BUSINESS OR INDUSTRY: Own Home
14c. RESIDENCE — STATE: Hawaii
15b. COUNTY: Honolulu
15c. CITY, TOWN, OR LOCATION: Late
15d. INSIDE CITY LIMITS (SPECIFY YES OR NO): no
15e. NUMBER AND STREET: 55-051 Naupaka Street
16. FATHER — FIRST NAME: George | MIDDLE NAME: | LAST NAME: Dixon
17. MOTHER — FIRST NAME: Mable | MIDDLE NAME: | MAIDEN NAME: Murray
18a. INFORMANT — NAME: David McLean
18b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 7591 Weather Worn Way, Apt. E., Columbia, Maryland 21046
19a. PERMIT NUMBER: 7286
19b. CEMETERY OR CREMATORY — NAME: Nuuanu Memorial Park Crematory
19c. DATE (MONTH, DAY, YEAR): August 25, 1987
19d. BURIAL, CREMATION, REMOVAL: Cremation
20a. FUNERAL HOME — NAME: Nuuanu Memorial Park Mortuary
20b. LOCATION — CITY OR TOWN: Honolulu | STATE: Hawaii
20c. FUNERAL DIRECTOR — SIGNATURE: Kathy J. McKenna

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) and circumstances stated and described below (items #21b through #27g where applicable) (Signature and Title): T. L. Winkler
21b. DATE SIGNED (MO., DAY, YR.): AUGUST 24, 1987
21c. HOUR OF DEATH: 4:55 PM
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT): THOMAS P. WINKLER, M.D., CPT, MC, TRIPLER army MEDICAL CENTER, TRIPLER AMC, HI 96859-5000
24a. REGISTRAR — SIGNATURE: B. Lyn
24b. DATE RECEIVED BY LOCAL REGISTRAR: AUG 25 1987
24c. DATE FILED BY STATE REGISTRAR: AUG 25 1987

To be completed by MEDICAL EXAMINER or CORONER'S PHYSICIAN Only

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (items #22b through #27g where applicable) (Signature and Title):
22b. DATE SIGNED (MO., DAY, YR.):
22c. HOUR OF DEATH:
22d. PRONOUNCED DEAD (MO., DAY, YR.):
22e. PRONOUNCED DEAD HOURS: AM / PM

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
IMMEDIATE CAUSE (a): HEPATO-RENAL FAILURE
DUE TO, OR AS A CONSEQUENCE OF (b): END-STAGE LIVER DISEASE
DUE TO, OR AS A CONSEQUENCE OF (c):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a)

25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATED IN PART I. UNDERLYING CAUSE LAST
26a. AUTOPSY (YES OR NO): NO
26b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
27b. DATE OF INJURY (MONTH, DAY, YEAR)
27c. HOUR
27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (SPECIFY YES OR NO)
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

AUG 27 1987

I CERTIFY THIS IS A TRUE COPY OF THE RECORD ON FILE IN THE HAWAII STATE DEPARTMENT OF HEALTH
George K. Tokuyama
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Deborah McLean Smith of November A.D., 19 87 at 9:36 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 20807.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith

Ret: Deborah M. Smith 44-130-6 Hako St., Kaneohe, Hawaii 96744