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81670 '87 NOV 17 PM 1 58

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

CERTIFICATE OF DEATH
ORS — 146

25325 ID TAG NO.
430 Local File Number
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 RESIDENCE ITEMS

1 DECEASED — NAME: First VERNIE; Middle LEE; Last DORRELL
2 DATE OF DEATH (month, day, year): November 6, 1987
3 RACE White, Black, American Indian, etc. (specify): White
4 SEX: Male
5a AGE — Last birthday (years): 80
5b Under 1 year: mos. / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): January 16, 1907
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center
7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): OP/Emer.Rm.
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A., name country): Arkansas
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Maryetta
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 543-07-2971
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator
14b KIND OF BUSINESS OR INDUSTRY: Weyerhauser Lumber Co.
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: Rt. 3 Box 235 C
ZIP: 97601
15e Inside City Limits (specify yes or no): No
16 FATHER — NAME first middle last: Thomas - Dorrell
17 MOTHER — first middle last (Maiden Name): Nettie - Booth
18 INFORMANT — NAME and relationship to deceased: Maryetta Dorrell - Wife
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens
19c LOCATION city or town state: Klamath Falls, Oregon
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature):
20b NAME AND ADDRESS OF FACILITY: WARD's Funeral Home / 1945 Main St./ Klamath Falls, Ore.

DISPOSITION 1 ___ 2 ___ 3 ___

CERTIFIER — MEDICAL EXAMINER

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:

21a DEATH OCCURRED (Hour): 1420 M
21b THE DECEASED WAS PRONOUNCED DEAD Month Nov. Day 6 Year 1987 Hour 1420 M
21c FROM: NATURAL CAUSES ☐ ACCIDENT XX SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐
21d CERTIFIER (Signature) MEDICAL EXAMINER For: Klamath County
21e NAME AND TITLE — (Type or Print): Charles Bury, MD
21g DATE SIGNED (Month, Day, Year): November 10, 1987
21i DATE RECEIVED BY REGISTRAR (Mo., Day, Year): NOV 12 1987
22a REGISTRAR
22b (Signature): Michelle Bartliff

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

CAUSE OF DEATH

PART I — (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
23 IMMEDIATE CAUSE (a): Intra Abdominal Bleeding — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: Massive Intra Abdominal Injuries — Interval between onset and death: Hours.
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c)

PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)
AUTOPSY (Specify Yes or No): 24 No

25a DATE OF INJURY (Month, Day, Year): Nov. 6, 1987
25b HOUR: 1336
25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23): Two car accident - driver
25d INJ. AT WORK (Specify Yes or No): No
25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify): Highway
25f LOCATION (Street or R.F.D. No., City or Town, County, State): intersection of Tingley lane & S.Side Bypass

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐
WAS GIFT MADE? YES ☐ NO ☐ N/A ☐
Klamath Falls, Oregon

RESERVED FOR REGISTRAR'S USE

45-107 Rev. 6-86

ORIGINAL—VITAL STATISTICS COPY

cd 5.00

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED NOV 12 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DEPT OF HEALTH SERVICES STATE OF OREGON KLAMATH COUNTY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Maryetta Dorrell the 17th day of November A.D., 19 87 at 1:58 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 20823.

Evelyn Biehn, County Clerk

By Jan Smith

FEE $5.00

Ret: Maryetta Dorrell Rt. 3, Box 235 C, Klamath Falls, Oregon 97601