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02421
ID TAG NO.
393
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 RESIDENCE ITEMS

1 DECEASED — NAME (First) GAYLE	(Middle) RUBY	(Last) TAWNEY	2 DATE OF DEATH (month, day, year) October 18, 1987
3 RACE (White, Black, American Indian, etc.) (specify) White	4 SEX Female	5a AGE — Last birthday (years) 76	Under 1 year: 5b mos. / 5c days; Under 1 day: 5d hours / min.	6 DATE OF BIRTH (month, day, year) September 14, 1911
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) Inpatient	7d COUNTY OF DEATH Klamath
8 STATE OF BIRTH (If not in U.S.A., name country) Idaho	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Lee R.	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) No
13 SOCIAL SECURITY NUMBER 542 - 44 - 4047	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	14b KIND OF BUSINESS OR INDUSTRY At Home	
15a RESIDENCE — STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D. 2222 Applegate Street ZIP 97601	15e Inside City Limits (specify yes or no) Yes
16 FATHER — NAME first middle last Joseph Smith	17 MOTHER — first middle last (Maiden Name) Pearl Green	18 INFORMANT — NAME and relationship to deceased Lee R. Tawney / Husband	

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS (specify) Burial	19b CEMETERY OR CREMATORY — NAME Eternal Hills Memorial Gardens	19c LOCATION city or town, state Klamath Falls, Ore.
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) James A. Sackett	NAME AND ADDRESS OF FACILITY HAND'S - 1945 Main - Klamath Falls, Oregon - 97601	

CERTIFIER

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) W. A. Bartlett	21b DATE SIGNED (Mo., Day, Year) October 19, 1987	21c HOUR OF DEATH 0358 M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) William A. Bartlett, MD / 2300 Clairmont / Klamath Falls, Or. / 97601 ZIP

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

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

CAUSE OF DEATH

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) OCT 19 1987	22b REGISTRAR (Signature) Michelle Bartliff	

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

(a) Pertinant bronchopleurocutaneous fistula		Interval between onset and death 18 Days
(b) DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Emphysema		Interval between onset and death 4 years
(c) DUE TO, OR AS A CONSEQUENCE OF: Tobacco Dependence		Interval between onset and death 4 years

PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a).

Congestive Heart Failure	24 AUTOPSY (Specify Yes or No) No	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No

26a ACCIDENT (Specify Yes or No) No	26b DATE OF INJURY (Mo., Day, Year)	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

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

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 6-86

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

DATE ISSUED NOV 23 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lee Tawney the 23rd day of November A.D., 19 87 at 2:59 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 21184.

Evelyn Biehn, County Clerk
By

FEE $5.00
Ret: Lee Tawney 2222 Applegate St., Klamath Falls, Oregon 97601