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28741
ID TAG NO.

428
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 / Middle / Last: LORAINE - ANDERSON
2. DATE OF DEATH (month, day, year): October 31, 1987
3. RACE White, Black, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 83
5b. Under 1 year mos. / days:
5c. Under 1 day hours / min:
6. DATE OF BIRTH (month, day, year): January 01, 1904
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): Missouri
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Charles
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13. SOCIAL SECURITY NUMBER: 541 / 46 / 7314
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.: 4000 Mack Avenue ZIP 97603
15e. Inside City Limits (specify yes or no): No
16. FATHER — NAME first / middle / last: Frank Tuter
17. MOTHER — first / middle / last (Maiden Name): Della Coffins
18. INFORMANT — NAME and relationship to deceased: Charles Anderson / Husband

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b. CEMETERY OR CREMATORY — NAME: Klamath Memorial Park
19c. LOCATION city or town / state: Klamath Falls, Or.
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature): James K. [signature]
20b. NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore. - 97601

CERTIFIER

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): [signature]
21b. DATE SIGNED (Mo., Day, Year): November 9, 1987
21c. HOUR OF DEATH: 0200 M
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / ZIP 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): NOV 12 1987
22b. REGISTRAR (Signature): Michelle Ratliff

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

CAUSE OF DEATH

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

PART I	Cause	Interval between onset and death
(a)	Cardiogenic shock	10 minutes
(b) DUE TO, OR AS A CONSEQUENCE OF:	Severe congestive heart failure	2 weeks
(c) DUE TO, OR AS A CONSEQUENCE OF:	ASHD	10 years

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Asthmatic bronchitis & Diabetes Mellitus
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 12 1987

[signature]
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

#S. ou Luth Rft to: 4000 Mack ave Klamath Falls, Or

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ________ the 9th day of December A.D., 19 87 at 10:47 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 22058.

Evelyn Biehn, County Clerk
By [signature]

FEE $5.00

Ret: Charles Anderson 4000 Mack Ave., Klamath Falls, Oregon 97603