CERTIFICATION OF VITAL RECORD

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20063 ID TAG NO.

489 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)	Dorothy / Marie / MOON	2 DATE OF DEATH (month, day, year)	December 30, 1987
3 RACE (White, Black, American Indian, etc.) (specify)	White	4 SEX	Female
5a AGE — Last birthday (years)	67	5b Under 1 year (mos. / days)	
5c Under 1 day (hours / min.)		6 DATE OF BIRTH (month, day, year)	April 13, 1920
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)	South Dakota	9 CITIZEN OF WHAT COUNTRY	U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married	11 SPOUSE (IF MARRIED, WIDOWED)	Veachel N. Moon
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	No		
13 SOCIAL SECURITY NUMBER	544-24-2679	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Housewife
14b KIND OF BUSINESS OR INDUSTRY	Homemaking		
15a RESIDENCE — STATE	Oregon	15b COUNTY	Klamath
15c CITY, TOWN OR LOCATION	Klamath Falls	15d STREET AND NUMBER OR R.F.D.	7101 Ruth Court
ZIP	97603	Inside City Limits (specify yes or no) 15e	No
16 FATHER — NAME (first middle last)	Lester - Brooks	17 MOTHER — (first middle last (Maiden Name))	Florence - Palmer
18 INFORMANT — NAME and relationship to deceased	Veachel N. Moon, 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, Oregon 976		
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature)	William L Davenport	20b NAME AND ADDRESS OF FACILITY	Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

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)	21b DATE SIGNED (Mo., Day, Year) December 30, 1987	21c HOUR OF DEATH 8:10 A. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601 ZIP:

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) DEC 30 1987	22b REGISTRAR (Signature) Michelle Barkliff

CAUSE OF DEATH

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

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

PART I
- (a) Extensive CVA — Interval between onset and death: 4 days
- DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
- (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): Sev. asthmatic bronchitis & long term cigarette smoking

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)	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. 8-86

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

DATE ISSUED DEC 30 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 _____ the 5th day of January A.D., 19 88 at 2:15 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 161.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00

Ret: Veachel N. Moon 7101 Ruth Court, Klamath Falls, Oregon 97603