CERTIFICATION OF VITAL RECORD

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21017

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

I.D. TAG NO. 138-

CERTIFICATE OF DEATH

State File Number

Local File Number

83332

1. DECEDENT'S NAME First: Elizabeth Middle: O'Conner Last: HENDERSON
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): January 7, 1988
4. SOCIAL SECURITY NUMBER: 542-38-9307
5a. AGE - Last Birthday (Years): 92
5b. UNDER 1 YEAR: Mos. Days
5c. UNDER 1 DAY: Hours Mins.
6. BIRTHPLACE (City and State or Foreign): Nampa, Idaho
7. DATE OF BIRTH (Month, Day, Year): December 22 1895
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): County School Music Supervisor
10b. KIND OF BUSINESS/INDUSTRY: Music Education
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Charles Henderson
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1972 Earle Street
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 5; College (1-4 or 5+):

PARENTS

17. FATHER - NAME First: middle: last: Patrick - O'Conner
18. MOTHER - NAME First: Mary middle: - Lannigan maiden:
19. INFORMANT - NAME and relationship to deceased: Jean Pinniger-daughter

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Mem. Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING ASSUCH: Mike Oh
21b. LICENSE NUMBER (or Licensee): #3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 97601 515 Pine St., Klamath Falls, Ore.

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 1:12 A. ☐ M
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature): Mark S. Kochevar M.D.
26. DATE SIGNED (Month, Day, Year): January 7, 1988
27a. TIME OF DEATH: ☐ M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): ☐ M
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29. DATE SIGNED (Month, Day, Year)
COUNTY
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Mark S. Kochevar M.D. 1905 Main Street Klamath Falls, Oregon 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

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

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter modes of dying, e.g. Cardiac or Respiratory Arrest.
PART I (a) Cardiac arrest — Interval between onset and death: Minutes
DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive heart failure — Interval between onset and death: days
DUE TO, OR AS A CONSEQUENCE OF: (c) Influenza vaccine a virus A — Interval between onset and death: days
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause shown in PART I (a). Hyperthyroidism Renal shutdown
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY ☐ M
36c. IN INJURY AT WORK? ☐ Yes ☒ No
36d. DESCRIBE HOW INJURY OCCURRED
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRAR

37. REGISTRAR'S SIGNATURE: Michelle Bassett
38. DATE FILED (Month, Day, Year): JAN 07 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSIDER? ☐ Yes ☐ No ☐ N/A
40. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

RESERVED FOR REGISTRAR'S USE

45-2 REV. 1-1977

ORIGINAL VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL RECORD REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DATE ISSUED JAN 07 1988

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jean Pinniger the 11th day of January A.D., 19 88 at 9:44 o'clock A M., and duly recorded in Vol. M88 of Deeds on Page 463

Evelyn Biehn, County Clerk
By

FEE $5.00

Ret: Jean Pinniger 4369 Selma Klamath Falls, Oregon 97603