A-1362

I.D. TAG NO.

49

Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

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State File Number

84160

1. DECEDENT'S NAME — First	Middle	Last		2. SEX	3. DATE OF DEATH (Month, Day, Year)
Dorothy	Lyle	DEHLINGER		F	February 3, 1988
4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Mos. / Days	5c. UNDER 1 DAY Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
544-42-9930	74			Klamath Falls, Ore.	April 25, 1913

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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH	
Merle West Medical Center	Klamath Falls	Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Home Maker	Own Home	Married	Glenn
13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Klamath Falls	11390 Hill Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE 97603	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify:	15. RACE American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12	College (1-4 or 5+)		
17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased	
Ulys E. Reeder	Grace - McCormick	Glenn Dehlinger, husband	

20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
	Klamath Cremation Service	Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
[signature]	3287	O'Hair's Funeral Chapel 97601 515 Pine Street, Klamath Falls, Ore.

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 3:10 P. 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) [signature] M.D.

26. DATE SIGNED (Month, Day, Year): February 3, 1988

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

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): Everett E. Howard, M.D., 2622 Campus Drive, Klamath Falls, Oregon 97601

31. 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		Interval between onset and death
PART I (a)	PERFORATED INTESTINE	24 HOURS
DUE TO, OR AS A CONSEQUENCE OF: (b)	CANCER BOWEL WITH METASTASIS	UNKN
DUE TO, OR AS A CONSEQUENCE OF: (c)		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)	CITROSIS OBSTRUCTIVE JAUNDICE DIABETES	

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. 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)	

37. REGISTRAR'S SIGNATURE: Michelle Bastiff — 38. DATE FILED (Month, Day, Year): FEB 04 1988

39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A — 40. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

RESERVED FOR REGISTRAR'S USE

'88 FEB 8 PM 12

ORIGINAL—VITAL STATISTICS COPY

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

45-2 REV. 1-88

DATE ISSUED FEB 04 1988

$5.00 CA.

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DEPT. OF HEALTH SERVICES STATE OF OREGON KLAMATH COUNTY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 8th day of February A.D., 19 88 at 12:12 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 1777.

FEE $5.00

Ret: Glenn Dehlinger 11390 Hill Rd., Klamath Falls, Oregon 97603

Evelyn Biehn, County Clerk
By _____