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OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

I.D. TAG NO. 21032 — Local File Number 69 — State File Number 136-84785

1. DECEDENT'S NAME: First Betty; Middle E.; Last DANIEL
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): February 23, 1988
4. SOCIAL SECURITY NUMBER: 540-22-9971
5a. AGE - Last Birthday (Years): 62
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Bend, Oregon
7. DATE OF BIRTH (Month, Day, Year): January 24, 1926
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): Personnel Supervisor
10b. KIND OF BUSINESS/INDUSTRY: Municipal Administration
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): John D.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4421 Lombard Dr.
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: Thornton A. Douglas
18. MOTHER - NAME first middle maiden: Ada - Taylor
19. INFORMANT - NAME and relationship to deceased: John D. Daniel, 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): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Ore.
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Mike Allen
21b. LICENSE NUMBER (Of Licensee): 3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore. 97601

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 9:29 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)
26. DATE SIGNED (Month, Day, Year): February 24, 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): Arthur G. Freeland, M.D., 1905 Main St., Klamath Falls, Ore. 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

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I (a): Colon Cancer — Interval between onset and death: mo
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 1 (a)
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 Ratliff
38. DATE FILED (Month, Day, Year): FEB 24 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

45-2 REV. 1-88

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

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DATE ISSUED FEB 24 1988

DEPT. OF HUMAN RESOURCES STATE OF OREGON KLAMATH COUNTY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of John D. Daniel the 29th day of February A.D., 19 88 at 2:21 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 2882.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00
Ret: John D. Daniel 4421 Lombard Dr., Klamath Falls, Oregon 97603

FEB 29 PM 2 21