CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

CERTIFICATE OF DEATH
ORS — 146

#33117 ID TAG NO.

870761 Local File Number

87-013097 State File Number

03 TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

62

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED — NAME (First, Middle, Last): Alberta Kathryn LYTLE

2 DATE OF DEATH (month, day, year): July 22, 1987

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Female

5a AGE — Last birthday (years): 56

5b Under 1 year: mos. days

5c Under 1 day: hours min.

6 DATE OF BIRTH (month, day, year): February 23, 1931

7a CITY, TOWN OR LOCATION OF DEATH: Medford

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Providence Hospital

7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Emer. Room

7d COUNTY OF DEATH: Jackson

8 STATE OF BIRTH (If not in U.S.A. name country): Illinois

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Ernest M.

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 361-24-1355

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 914-961

14b KIND OF BUSINESS OR INDUSTRY: Own Home

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 73B Harriman ZIP 97601

15e Inside City Limits (specify yes or no): No

16 FATHER — NAME first middle last: Wilbur D. Foster

17 MOTHER — first middle last (Maiden Name): Dorothy Mae Montgomery

18 INFORMANT — NAME and relationship to deceased: Ernest M. Lytle - 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, Oregon

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Beverly Morris

20b NAME AND ADDRESS OF FACILITY: Conger-Morris 800 S. Front St. Central Point, Oregon

1 2 158 3

CERTIFIER

MEDICAL EXAMINER

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21a DEATH OCCURRED (Hour): 20:55 PM

21b THE DECEASED WAS PRONOUNCED DEAD Month Day Year Hour: 7-22-87 8:55 PM

21c FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

21d CERTIFIER (Signature): Michael A. Korpa

21e NAME AND TITLE — (Type or Print): Michael A. Korpa, D.O. M.E.

21f MEDICAL EXAMINER For: Jackson County

21g DATE SIGNED (Month, Day, Year): 7/23/87

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): JUL 24 1987

22b REGISTRAR (Signature): Donna L. Collins

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

CAUSE OF DEATH

4 449 5 — 6

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

PART I (a) CONGESTIVE HEART FAILURE — Interval between onset and death: 1 Hour

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

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): CORONARY ARTERY DISEASE

AUTOPSY (Specify Yes or No) 24: No

25a DATE OF INJURY (Month, Day, Year)

25b HOUR

25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)

25d INJ. AT WORK (Specify Yes or No): No

25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

25f LOCATION (Street or R.F.D. No., City or Town, County, 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: 87-5215

45-107 Rev 6-86

ORIGINAL—VITAL STATISTICS COPY

8.00

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

NOV 17 1988

DATE ISSUED

Edward J. Johnson II

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ernest Lytle the 8th day of Dec. A.D., 1988 at 2:29 o'clock P.M., and duly recorded in Vol. M88, of Deeds on Page 20939.

Evelyn Biehn County Clerk

By Darlene Mullendore

FEE $8.00

Return: Ernest Lytle
73 B Harriman, Klamath Falls, Or. 97601