CERTIFICATION OF VITAL RECORD

MTC 22538-D

7939

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

Vol. M89 Page 22165

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

87-003035

12400 ID TAG NO.

58 Local File Number

CERTIFICATE OF DEATH

Stats File Number

01 TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

01

DECEDENT

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

1 DECEASED — NAME First: Margaret	Middle: Irene	Last: JOLLY	2 DATE OF DEATH (month, day, year): February 9, 1987
3 RACE White, Black, American Indian, etc (specify): White	4 SEX: Female	5a AGE—Last birthday (years): 61	5b Under 1 year mos/days	5c Under 1 day hours/min	6 DATE OF BIRTH (month, day, year): February 15, 1925
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 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): Washington	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Edward D. Jolly	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 537-12-1573	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 15684 2	14b KIND OF BUSINESS OR INDUSTRY: Education
15a RESIDENCE — STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN OR LOCATION: Klamath Falls 3	15d STREET AND NUMBER OR R.F.D.: 1125 Prescott	ZIP: 97601	15e Inside City Limits (specify yes or no): Yes
16 FATHER — NAME first middle last: Anton - Jind	17 MOTHER — first middle last (Maiden Name): Ida Kathrine Forsberg	18 INFORMANT — NAME and relationship to deceased: Edward D. Jolly, husband

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, ETC. (specify): Burial	19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens	19c LOCATION city or town state: Klamath Falls, Oregon 97603
20a FUNERAL SERVICE LICENSEE (Signature): [signature]	20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 520 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): [signature]	21b DATE SIGNED (Mo., Day, Year): February 10, 1987	21c HOUR OF DEATH: 7:00 P M
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Thomas Klunp, MD, 2600 Clover, Klamath Falls, Oregon	ZIP: 97601	
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):		

REGISTRAR

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): February 14, 1987	22b REGISTRAR (Signature): Katherine E. Cranska

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).]		Interval between onset and death
PART I (a) RESPIRATORY ARREST		—
DUE TO, OR AS A CONSEQUENCE OF: (b) SEVERE ASTHENIA-		2 mos
DUE TO, OR AS A CONSEQUENCE OF: (c) METASTATIC CARCINOMA OF PANCREAS		5 mos
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)	AUTOPSY (Specify Yes or No) 24: No	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25: No

4 1579

5 —

6 —

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:

43-2 Rev 6-86

ORIGINAL—VITAL STATISTICS COPY

RETURN: Ed Jolly
1125 Prescott ST.
KFO 97601

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.

DATE ISSUED SEP 01 1988

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

3-21-88

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 16th day of Nov. A.D., 19 89 at 9:38 o'clock A.M., and duly recorded in Vol. M89, of Deeds on Page 22165.

Evelyn Biehn County Clerk

By Pauline Muellenhoff

FEE $8.00