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Klamath First Federal
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Klamath Falls OR 97601

15563

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A-1348

ID TAG NO. 415

Local File Number

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

CERTIFICATE OF DEATH

State File Number

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

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

1 DECEASED — NAME: First: Pauline; Middle: M.; Last: SHAW
2 DATE OF DEATH (month, day, year): October 30, 1987
3 RACE White, Black, American Indian, etc. (specify): White
4 SEX: Female
5a AGE — Last birthday (years): 65
5b Under 1 year: months
5c Under 1 day: days, hours, min
6 DATE OF BIRTH (month, day, year): January 29, 1922
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle 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): Oregon
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Rodney Shaw
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 544-14-3901
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
14b KIND OF BUSINESS OR INDUSTRY: Klamath County School District
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: 1533 Madison Street
ZIP: 97603
15e Inside City Limits (specify yes or no): No
16 FATHER — NAME first middle last: James A. McDonald
17 MOTHER — first middle last (Maiden Name): Bertha - Kohlhoff
18 INFORMANT — NAME and relationship to deceased: Rodney Shaw, husband

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
19b CEMETERY OR CREMATORY — NAME: Klamath Cremation Service
19c LOCATION — city or town, state: Klamath Falls, Oregon 97601
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Mike O'Hair
20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.

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] M.D.
21b DATE SIGNED (Mo., Day, Year): November 2, 1987
21c HOUR OF DEATH: 11:54 A. M
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Earle M. LeVernois, M.D., 2628 Campus Drive, Klamath Falls, Oregon ZIP: 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21e

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): NOV 3 1987
22b REGISTRAR (Signature): Michelle Batdorff

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).]
PART I (a) Cardio-Resp Failure — Interval between onset and death: Terminal
DUE TO, OR AS A CONSEQUENCE OF:
(b) Fever Adult Resp distress Syndrome — Interval between onset and death: 2 wks
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)
Vulvar & Cervical Cancer - Cirrhosis of liver
24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No
26b DATE OF INJURY (Mo., Day, Year)
26c HOUR OF INJURY
26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or 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

ORIGINAL - VITAL STATISTICS COPY

43-2 Rev. 6-86

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

DATE ISSUED NOV 3 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 31st day of May A.D., 19 90 at 4:24 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 10509.

Evelyn Biehn County Clerk

FEE $8.00

By Darlene Mullendore