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OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

F068262
LOC. TAG NO.
340
Local File Number
136-
State File Number

1. DECEDENT'S NAME (First, Middle, Last): Alice Dorthea TRAVER
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): Aug. 12, 1990
4. SOCIAL SECURITY NUMBER: 542-07-7828
5a. AGE - Last Birthday (Years): 87
5b. UNDER 1 YEAR: Mos / Days
5c. UNDER 1 DAY: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, OR
7. DATE OF BIRTH (Month, Day, Year): Feb. 5, 1903
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 Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Plum Ridge Care 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.): Office Services
10b. KIND OF BUSINESS/INDUSTRY: Federal Government
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widow
12. SPOUSE (If Married, Widowed): Walter
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4690 Crosby
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'S NAME (First, Middle, Last): John A. Uerlings
18. MOTHER'S NAME (First, Middle, Maiden): Laura D. Baldwin
19. INFORMANT - NAME and relationship to deceased: Self - Pre arranged
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 Mem. Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 3080
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home 97601, 1945 Main St., Klamath Falls, OR
23. DATE FILED (Month, Day, Year): AUG 14 1990
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?: ☐ Yes ☒ No ☐ N/A
26. WAS GIFT MADE?: ☐ Yes ☒ No ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 1915 M
28. WAS MEDICAL EXAMINER NOTIFIED?: ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature]
30. DATE SIGNED (Month, Day, Year): 8/14/90

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Barbara Gilbertson, D.O. 1905 Main St., Klamath Falls, OR 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
36. 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) Renal Failure — Interval between onset and death: 2/26/90
(b) DUE TO, OR AS A CONSEQUENCE OF: Severe blood Myoglobinuria — Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF: Fall 2/26/90 — Interval between onset and death
PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I(a): (1) Hypertension (2) blood transfusion anemia
37. Did tobacco use contribute to the death?: ☐ Yes ☐ No ☒ Probably ☐ Unk
38. AUTOPSY: ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death?: ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
41c. INJURY AT WORK?: ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

45 2 REV. 1-89

ORIGINAL — VITAL STATISTICS COPY

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

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DATE ISSUED AUG 15 1990

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jack C. McCoy the 23rd day of Oct. A.D., 19 90 at 2:11 o'clock P.M., and duly recorded in Vol. M90 of Deeds on Page 21304.

Evelyn Biehn, County Clerk
By Pauline Mullendore

FEE $8.00
Return: Jack C. McCoy
4690 Crosby, Klamath Falls, Or. 97603