

## CERTIFICATION OF VITAL RECORD

079743  
I.D. TAG NO.547

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME First: <u>Dorothea</u> Middle: <u>Marion</u> Last: <u>HALEY</u>			2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>December 24, 1990</u>		
4. SOCIAL SECURITY NUMBER <u>544-42-9873</u>		5a. AGE - Last Birthday (Years) <u>89</u>	5b. Under 1 Year Mos. <u>  </u> Days <u>  </u>	5c. Under 1 Day Hours <u>  </u> Mins. <u>  </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Wellston, Ohio</u>	7. DATE OF BIRTH (Month, Day, Year) <u>April 19, 1901</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <u>Foster Home</u>			
9b. FACILITY NAME (If not institution, give street and number) <u>Hillside Foster Care Home</u>			9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>			9d. COUNTY OF DEATH <u>Klamath</u>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Homemaker</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Own Home</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>	12. SPOUSE (If Married, Widowed) <u>John Perry Haley</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	13c. CITY, TOWN, OR LOCATION <u>Merrill</u>		13d. STREET AND NUMBER <u>23500 Suty Road</u>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <u>97633</u>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: <u>  </u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (14 or 5+)
17. FATHER - NAME first middle last <u>Charles Edward Haggerty</u>			18. MOTHER - NAME first middle maiden <u>Iola Florence Zimmerman</u>			19. INFORMANT - NAME and relationship to deceased <u>Tom Haley, son</u>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u>  </u>			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Mt. Laki Cemetery</u>			20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Merrill Reid</u>			21b. LICENSE NUMBER (Of Licensee) <u>3329</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601</u>	
23. DATE FILED (Month, Day, Year) <u>DEC 26 1990</u>			24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
27. TIME OF DEATH <u>12:05 P.</u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <u>Alden Clidden</u> M.D.						
30. DATE SIGNED (Month, Day, Year) <u>December 26, 1990</u>						
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Alden Clidden, M.D., 2680 Uhrmann Road, Klamath Falls, Oregon 97601</u>						
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>						
TO BE COMPLETED ONLY BY MEDICAL EXAMINER						
31a. TIME OF DEATH <u>12:05 P.</u> M			31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>  </u> 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) <u>Alden Clidden</u>						
33. DATE SIGNED (Month, Day, Year) <u>  </u> COUNTY <u>  </u>						
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST						
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) DUE TO, OR AS A CONSEQUENCE OF: <u>Aspiration</u>						
(b) DUE TO, OR AS A CONSEQUENCE OF: <u>Hypertension</u>						
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>  </u>						
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk						
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide						
41a. DATE OF INJURY (Month, Day, Year) <u>  </u>		41b. TIME OF INJURY <u>  </u> M <input type="checkbox"/> Yes <input type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>  </u>		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>				
RESERVED FOR REGISTRAR'S USE						

THIS IS A TRUE AND EXACT ORIGINAL OF THE ORIGINAL COPY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

452 REV

DATE ISSUED DEC 26 1990Donna A. Verling  
DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Tom Haley the 28th day  
of Dec. A.D., 19 90 at 11:39 o'clock A.M., and duly recorded in Vol. M90  
of Deeds on Page 25570.Evelyn Biehn County Clerk  
By Pauline Muelndor

FEE \$8.00

Return: Tom Haley

P.O. Box 214, Malin, Or. 97632