CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS Vol. m91 Page 807

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24726

21096

I.D. TAG NO. 395

Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
136-

CERTIFICATE OF DEATH

88-019500

State File Number

1. DECEDENT'S NAME (First, Middle, Last): Lila Mae DUNLAP
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): October 18, 1988
4. SOCIAL SECURITY NUMBER: 542-18-2795
5a. AGE - Last Birthday (Years): 66
5b. UNDER 1 YEAR (Mos. / Days):
5c. UNDER 1 DAY (Hours / Mins.):
6. BIRTHPLACE (City and State or Foreign Country): Montana
7. DATE OF BIRTH (Month, Day, Year): January 21, 1922
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 Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): H C 30, Box 1304
9c. CITY, TOWN, OR LOCATION OF DEATH: Chiloquin
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): High School English Teacher
10b. KIND OF BUSINESS/INDUSTRY: Public Education
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Lloyd C.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Chiloquin
13d. STREET AND NUMBER: H C 30, Box 1304
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97624
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 6
17. FATHER - NAME (First, Middle, Last): Fred - Fuchner
18. MOTHER - NAME (First, Middle, Maiden): Isabelle - Mungel
19. INFORMANT - NAME and relationship to decedent: Lloyd C. Dunlap, husband
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merril Reid
21b. LICENSE NUMBER (Of Licensee): 3329
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97601

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 2:30 A.
24. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) F. G. Marx M.D.
26. DATE SIGNED (Month, Day, Year): October 18, 1988

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH:
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29. DATE SIGNED (Month, Day, Year):

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER, MEDICAL EXAMINER (Type or Print): F.Geoffrey Marx, M.D., 2614 Clover Street, Klamath Falls, Oregon 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

32. PART I. IMMEDIATE CAUSE: Heart Failure — Interval between onset and death: 2 [illegible]
DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Heart Disease — 10 yrs.
DUE TO, OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS: Dementia, Arrhythmia
33. AUTOPSY: ☐ Yes ☒ No
34. IF YES were findings considered in determining cause of death?
35. MANNER OF DEATH: X Natural
36a. DATE OF INJURY:
36b. TIME OF INJURY:
36c. INJURY AT WORK: ☐ Yes ☒ No
36d. DESCRIBE HOW INJURY OCCURRED:
36e. PLACE OF INJURY:
36f. LOCATION:
37. REGISTRAR'S SIGNATURE: Nancy Kennedy
38. DATE FILED: OCT 20 1988
39. HOSPITAL REPRESENTATIVE MADE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ Yes ☐ No ☒ NA
40. WAS GIFT MADE? ☐ Yes ☐ No ☒ NA

Margin codes: 1 60, 2 157, 3 842, 4, 5, 6, 01, 7 17, 8 181, 9 1, 10 4140, 11, 12, 13, 14, 15

'91 JAN 14 AM 9 49

ORIGINAL—VITAL STATISTICS COPY

Return: Mountain Title Company - Title file # 21845

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 JAN 10 1991

Edward J. Johnson II

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 14th day of Jan. A.D., 19 91 at 9:49 o'clock AM., and duly recorded in Vol. M91 of Deeds on Page 807.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $8.00