OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

26693

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A 3659 ID TAG NO.

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

Local File Number

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: Dorothy Jane McCulley BARKHOEFER
2. DATE OF DEATH (month, day, year): May 5, 1987
3. RACE (White, Black, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE — Last birthday (years): 68
5b. Under 1 year: Months / Days
5c. Under 1 day: Hours / Min.
6. DATE OF BIRTH (month, day, year): July 26, 1918
7a. CITY, TOWN OR LOCATION OF DEATH: Portland
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): St. Vincent Medical Center
7c. If HOSP or INST inpatient DOA, OP/Emer. Rm., Inpatient (specify): Inpatient
7d. COUNTY OF DEATH: Washington
8. STATE OF BIRTH (If not in U.S.A., name country): Montana
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. SPOUSE (IF MARRIED, WIDOWED): Edwin Henry
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13. SOCIAL SECURITY NUMBER: 336-03-1160
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary (Retired)
14b. KIND OF BUSINESS OR INDUSTRY: Department of Veterans Affairs
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Clackamas
15c. CITY, TOWN OR LOCATION: Wilsonville
15d. STREET AND NUMBER OR R.F.D.: 28035 S.W. Parkway #126
ZIP: 97070
15e. Inside City Limits? (specify yes or no): Yes
16. FATHER — NAME (first, middle, last): James L. McCulley
17. MOTHER — NAME (first, middle, last, maiden name): Ellen S. Stephenson
18. INFORMANT — NAME and relationship to deceased: James W. Barkhoefer - Son

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (specify): Cremation/Burial
19b. CEMETERY OR CREMATORY — NAME: Riverview Crematory/Willamette National Cemetery
19c. LOCATION (City or town, State): Portland, Oregon
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]
20b. NAME AND ADDRESS OF FACILITY: Lincoln Willamette Funeral Directors
20c. 9775 S.E. Mt. Scott Blvd., Portland, Oregon 97266

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): [signature]
21b. DATE SIGNED (Mo., Day, Year): MAY 6 1987
21c. HOUR OF DEATH: 5:00 PM
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 5415 SW WESTGATE DR PORTLAND, OR ZIP 97221
22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
23. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): MAY 07 1987
24. REGISTRAR (Signature): [signature]

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
PART I (a) SHOCK RENAL FAILURE — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) SEPSIS — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) PERFORATED GASTRIC ULCER — Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): CIRRHOSIS
26. AUTOPSY (Specify Yes or No): Yes
27. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No
28. ACCIDENT (Specify Yes or No)
29. DATE OF INJURY (Mo., Day, Year)
30. HOUR OF INJURY
31. DESCRIBE HOW INJURY OCCURRED
32. INJURY AT WORK (Specify Yes or No)
33. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
34. LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

35. 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

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 MAY 07 1987

JOSEPH D. CARNEY
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Thomas A. Barkhoefer the 8th day of March A.D., 19 91 at 10:50 o'clock A M., and duly recorded in Vol. M91, of Deeds on Page 4192.

Evelyn Biehn, County Clerk
By Pauline Mullendore

FEE $8.00
Return: Thomas A. Barkhoefer
4695 SW Larch, Beaverton, Or. 97005