MTC 25536

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

31336

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02923 ID TAG NO

526 Local File Number

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

CERTIFICATE OF DEATH

86-020698 State File Number

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

DECEDENT

POSITION

CERTIFIER

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

MANNER OF DEATH

1 DECEASED – NAME	First: Helen	Middle: Norma	Last: KELLEY	2 DATE OF DEATH (month, day, year)	November 24, 1986
3 RACE (White, Black, American Indian, etc) (Specify)	White	4 SEX: Female	5a AGE – Last birthday (years): 73	Under 1 year: 5b mos / days; Under 1 day: 5c hours / min	6 DATE OF BIRTH (month, day, year): March 31, 1913
7a CITY, TOWN OR LOCATION OF DEATH	Bend	7b HOSPITAL OR OTHER INSTITUTION – NAME (If not in either, give street and number)	1932 N.E. 6th	7c IF HOSP OR INST: Indicate DOA, OP, Emer. Rm., Inpatient (specify)	7d COUNTY OF DEATH: Deschutes
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)	Harold	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no)	no		
13 SOCIAL SECURITY NUMBER	541-03-9979	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Cook	14b KIND OF BUSINESS OR INDUSTRY	hospital
15a RESIDENCE – STATE	Oregon	15b COUNTY	Deschutes	15c CITY, TOWN OR LOCATION	Bend
15d STREET AND NUMBER OR R.F.D. ZIP 97701	1932 N.E. 6th	15e Inside City Limits (Specify yes or no)	Yes		
16 FATHER – NAME first middle last	George Lieberman	17 MOTHER – first middle last (Maiden Name)	Hattie Burger	18 INFORMANT – NAME and relationship to deceased	Harold E. Kelley, Spouse
19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify)	Burial	19b CEMETERY OR CREMATORY – NAME	Deschutes Memorial Gardens	19c LOCATION city or town, state	Bend, Oregon
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature)	Gellink-Roberts	20b NAME AND ADDRESS OF FACILITY	Deschutes Memorial Gardens Funeral Home PO. Box 5992/ Bend, Ore. 97708		

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) R.V. Litchfield, MD — 21b DATE SIGNED (Mo., Day, Year) Nov 24, 1986 — 21c HOUR OF DEATH 12:55 P.M.

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Ralph V. Litchfield, MD. 361 N.E. Franklin/Bend, Ore. ZIP 97701

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): November 25 1986 — 22b REGISTRAR (Signature): Jacqueline Mathis, Dep.

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART I
(a) Amyotrophic Lateral Sclerosis — Interval between onset and death: 1 yr
DUE TO, OR AS A CONSEQUENCE OF
(b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF
(c) — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not related to cause given in PART I (a)

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

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

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
No				

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

45-2 Rev. 6-86

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.

MAY 15 1991
DATE ISSUED

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 1st day of July A.D., 19 91 at 9:45 o'clock A M., and duly recorded in Vol. M91, of Deeds on Page 12540.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00

Return: Bend Title Co.