

OREGON STATE HEALTH DIVISION

VITAL STATISTICS SECTION

MTC25682NM

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31442

37646
I.D. TAG NO.256
Local File NumberOREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

88-012994

Vital Records Unit

CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First Dorothy Middle - Last LOWRY		2. SEX F	3. DATE OF DEATH (Month, Day, Year) July 11, 1988
4. SOCIAL SECURITY NUMBER 543-20-6937	5a. AGE - Last Birthday (Year) 79	5b. UNDER 1 YEAR Moss Days	5c. UNDER 1 DAY Hours Mins
6. BIRTHPLACE (City and State or Foreign) Steady Run, Iowa		7. DATE OF BIRTH (Month, Day, Year) January 2, 1909	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)			
10a. FACILITY NAME (If not institution, give street and number) Morile West Medical Center		10b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10c. COUNTY OF DEATH Klamath		10d. COUNTY OF DEATH Klamath	
10e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. (Do not use retired).) Kitchen Aide		10f. KIND OF BUSINESS/INDUSTRY Kingsley Field Radar Site	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Emerald	
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN, OR LOCATION Klamath Falls	13d. STREET AND NUMBER 1945 Gary St.
14a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14b. ZIP CODE 97603	14c. 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:	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 15)	
17. FATHER - NAME first middle last John - Hughes		18. MOTHER - NAME first middle maiden Ora Ada Lowe	
19. INFORMANT - NAME and relationship to decedent Donna Lewis - daughter		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park	
21. 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) Klamath Memorial Park		22. LOCATION - City or Town, State Klamath Falls, Oregon	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jim Lancaster</i>		24. LICENSE NUMBER (Of Licensee) 3224	
25. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home		26. ADDRESS AND ZIP OF FACILITY 1945 Main St. Klamath Falls, Oregon 97601	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 2:10 A M		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) stated. (Signature) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) July 12, 1988			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake Berven, MD - 2616 Clover - Klamath Falls, Oregon 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27a. TIME OF DEATH M		27b. DATE PRONOUNCED DEAD (Month, Day, Year) M	
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) COUNTY			
33. 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.			
(a) Terminal arrhythmias		Interval between onset and death 10 minutes	
(b) ASHD		Interval between onset and death 10 years	
(c) Severe asthmatic bronchitis.		Interval between onset and death	
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		35. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Homicide		37. TIME OF INJURY M	
38. DATE OF INJURY (Month, Day, Year)		39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		40. DESCRIBE HOW INJURY OCCURRED	
41. LOCATION (Street and Number or Rural Route Number, City or Town, State)		42. DATE FILED (Month, Day, Year) JUL 13 1988	
43. REGISTRAR'S SIGNATURE <i>Michelle Bostoff</i>		44. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
45. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		46. RESERVED FOR REGISTRAR'S USE	

AFTER RECORDED RETURN TO:

Judith Preslar
2449 Wantland
Klamath Falls, OR 97601

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 AUG 29 1989Edward J. Johnson II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 2nd day of July A.D., 19 91 at 11:21 o'clock A M., and duly recorded in Vol. M91 of Deeds on Page 12691.

FEE \$8.00

Evelyn Biehn County Clerk
By Pauline Miller