

36183

Vol. ma Page 21681

# CERTIFICATE OF DEATH

4500 0386

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
Joseph		Christopher		McAuliffe	
3. SEX		4. RACE/ETHNICITY		5. DATE OF BIRTH	
Male		Cauc.		May 7, 1916	
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		7. AGE	
Oregon		John P. McAuliffe, Ireland		71 YEARS	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER	
U. S. A.		19-- TO 19--		546-52-4130	
13. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATE	
Rancher		50		Self - employed	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN	
Gas Point Road (P.O. Box 665)				Cottonwood	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Shasta		California		Jack McAuliffe - Son	
21A. PLACE OF DEATH		21B. COUNTY		2287 Oak Ridge Drive	
Beverly Manor Convalescent Hosp.		Shasta		Redding, California 96001	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN			
1836 Gold St.		Redding			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) <u>Resp Failure</u>		25. WASopsy PERFORMED?	
		(B) <u>Emphysema</u>		26. WAS AUTOPSY PERFORMED?	
		(C)		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		<u>Infection, ASHD</u>		<u>NONE</u>	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		28D. TYPE PHYSICIAN'S NAME AND ADDRESS		28E. PHYSICIAN'S LICENSE NUMBER	
3-9-87		1441 Liberty Street, Redding, CA		G335460	
3-18-88		Lang M. Dayton, MD			
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Burial		April 13, 1988		Mount Calvary Cemetery, Klamath Falls, OR 97601	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
McDonald's Chapel, Redding, CA		177		APR 11 1988	
STATE REGISTRAR		A.		B.	
		C.		D.	
		E.		F.	

## CERTIFICATION STATEMENT

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above-named decedent as registered in this office.

DATED: APR 11 1988

Stephen J. Plank  
 Registrar of Vital Statistics  
 Shasta County Health Department  
 2650 Hospital Lane  
 Redding, CA 96001

## VITALS STATEMENT MUST SHOW EMBOSSEMENT OF COUNTY SEAL

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wm. M. Ganong the 17th day of Oct. A.D., 19 91 at 9:11 o'clock A.M., and duly recorded in Vol. M91 of Deeds on Page 21681

Evelyn Biehn County Clerk

By Quinn M. Mendenhall

FEE \$8.00

Return: Wm. M. Ganong  
 292 Main, Klamath Falls, Or. 97601

103169  
I.D. TAG NO.  
368  
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>Veda</u> Middle: <u>Belle</u> Last: <u>GRAY</u>		2 SEX <u>F</u>	3 DATE OF DEATH (Month, Day, Year) <u>October 7, 1991</u>
4 SOCIAL SECURITY NUMBER <u>542-46-5352</u>	5a AGE - Last Birthday (Years) <u>98</u>	5b Under 1 Year Mon: <u>  </u> Days: <u>  </u>	5c Under 1 Day Hours: <u>  </u> Mins: <u>  </u>
6 BIRTHPLACE (City and State or Foreign Country) <u>Belle Plaine, KS</u>		7 DATE OF BIRTH (Month, Day, Year) <u>August 26, 1893</u>	
8a PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): <u>  </u>			
9a FACILITY NAME (If not institution, give street and number) <u>Clairmont Nursing Center</u>		9b CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a DECEASED'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, give name) <u>Frank</u>	
13a RESIDENCE - STATE <u>Oregon</u>		13b COUNTY <u>Klamath</u>	
13c CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d STREET AND NUMBER <u>711 Washburn Way</u>	
14a INSIDE CITY LIMITS? <u>Yes</u>		14b ZIP CODE <u>97601</u>	
14c WAS DECEASED 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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) <u>12</u> College (1-4) <u>  </u>		17 INFORMANT - Name and relationship to decedent <u>Lawrence / son</u>	
18 FATHER NAME first middle last <u>Oscar - Potter</u>		19 MOTHER NAME first middle maiden <u>Jane -</u>	
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Burial 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>	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Kerilyn Jennings</u>		21b LICENSE NUMBER (Of licensee) <u>53-0280</u>	
22 NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home</u> <u>1945 Main St./Klamath Falls, OR 97601</u>		23 REGISTRAR'S SIGNATURE <u>Darcy Kennedy</u>	
24 DATE FILED (Month, Day, Year) <u>OCT 8 1991</u>		25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26 TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27 TIME OF DEATH <u>11:37 A</u>		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 B. Glidden</u>			
30 DATE SIGNED (Month, Day, Year) <u>10/8/91</u>			
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Alden B. Glidden, MD / 2680 B Uhrmann Road / Klamath Falls, Oregon 97601</u>			
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>			
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)			
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <u>Natural Causes</u>		Internal between onset and death <u>  </u>	
(b) DUE TO, OR AS A CONSEQUENCE OF: <u>  </u>		Interval between onset and death <u>  </u>	
(c) OTHER SIGNIFICANT CONDITIONS: Conditions contributing in death but not related in cause given in PART I.		Interval between onset and death <u>  </u>	
34 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		35a DATE OF INJURY (Month, Day, Year) <u>  </u>	
35b TIME OF INJURY <u>  </u>		35c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35d PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <u>  </u>		36 DESCRIBE HOW INJURY OCCURRED <u>  </u>	
37 Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown		38 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39 YES were findings consistent in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40 LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED OCT 16 1991

Donna A. Verling  
DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lawrence Gray the 17th day of Oct. A.D., 19 91 at 9:11 o'clock A.M., and duly recorded in Vol. M91 of Deeds on Page 21682.

Evelyn Biehn - County Clerk  
By Donna A. Verling

FEE \$8.00

Return: Lawrence Gray  
5249 Bartlett, Klamath Falls, Or. 97603