

44080

note 1396-5889

Vol. 92 Page 8999

#02419
ID TAG NO.STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
HOSPITAL, SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

DISPOSITION

1
2
3

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH4
5
6PH 3 54
32 APR 22

DECEASED - NAME		First		Middle		Last		State File Number	
1		Dolores		Adeline		BLEVINS		DATE OF DEATH (month, day, year)	
2		White		Female		59		2 September 30, 1987	
3		White		4		5a		DATE OF BIRTH (month, day, year)	
7a		Medford		7b		Rogue Valley Medical Center		6 January 21, 1928	
8		California		9		U.S.A.		COUNTY OF DEATH	
10		Married		11		Ellie Blevins		7d Jackson	
12		567-36-7909		13a		Housewife		12 No	
14		Oregon		15b		Klamath		14b Home Making	
16		Joseph Anthony Azevedo		17		Nellie - Brazil		15c Klamath Falls	
18		Burial		19b		Eternal Hills Memorial Park		15d 3323 Raymond Street	
19a		Burial		20a		Richard K. Karchmer		15e 97601	
21a		Richard K. Karchmer		21b		10-2-87		15f Yes	
22a		OCT 2 1987		22b		Dolores A. Collins		15g Yes	
23		IMMEDIATE CAUSE		24		No		15h Yes	
25		PNEUMONIA		26		No		15i Yes	
27		No		28		No		15j Yes	
29		No		30		No		15k Yes	
31		No		32		No		15l Yes	
33		No		34		No		15m Yes	
35		No		36		No		15n Yes	
37		No		38		No		15o Yes	
39		No		40		No		15p Yes	
41		No		42		No		15q Yes	
43		No		44		No		15r Yes	
45		No		46		No		15s Yes	
47		No		48		No		15t Yes	
49		No		50		No		15u Yes	
51		No		52		No		15v Yes	
53		No		54		No		15w Yes	
55		No		56		No		15x Yes	
57		No		58		No		15y Yes	
59		No		60		No		15z Yes	
61		No		62		No		15aa Yes	
63		No		64		No		15ab Yes	
65		No		66		No		15ac Yes	
67		No		68		No		15ad Yes	
69		No		70		No		15ae Yes	
71		No		72		No		15af Yes	
73		No		74		No		15ag Yes	
75		No		76		No		15ah Yes	
77		No		78		No		15ai Yes	
79		No		80		No		15aj Yes	
81		No		82		No		15ak Yes	
83		No		84		No		15al Yes	
85		No		86		No		15am Yes	
87		No		88		No		15an Yes	
89		No		90		No		15ao Yes	
91		No		92		No		15ap Yes	
93		No		94		No		15aq Yes	
95		No		96		No		15ar Yes	
97		No		98		No		15as Yes	
99		No		100		No		15at Yes	

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

43-2 Rev. 6-86

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

Return: Mr Blevins
3323 Raymond
City 97603

DATE OCT 2 1987

REGISTRAR VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co. the 27th day
of April A.D., 19 92 at 3:54 o'clock P. M., and duly recorded in Vol. M92
of Deeds on Page 8999

FEE \$10.00

Evelyn Biehn - County Clerk

By [Signature]