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PERMANENT BLACK INK

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ID TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Local File Number — State File Number 136

DECEDENT

1. Decedent's Name: Betty Lee HARTLEY
2. Sex: Female
3. Date of Death: April 27, 1992
4. Social Security Number: 542 54 8768
5a. Age (Last Birthday): 75
5b. Under 1 Year: Mos. Days
5c. Under 1 Day: Hours Mins.
6. Birthplace: Billings, Montana
7. Date of Birth: February 13, 1917
8. Was Decedent Ever in U.S. Armed Forces? ☐ Yes ☒ No
9. Usual Occupation: Homemaker
10. Kind of Business/Industry: Own Home
11. Marital Status: Married
12. Spouse (If Married, Widowed, Never Married, Divorced): Homer G. Hartley
13. Residence — State: Oregon
14. County: Klamath
15. City, Town or Location: Klamath Falls
16. Street and Number: 1404 Derby Street
17. Inside City Limits? ☒ Yes ☐ No
18. Zip Code: 97601
19. Was Decedent of Hispanic Origin? ☐ Yes ☒ No
20. Race: White
21. Decedent's Education: 8
9a. Place of Death: ☒ Other — Nursing Home
9b. Facility Name: Clairmont Nursing Center
9c. City, Town or Location of Death: Klamath Falls
9d. County of Death: Klamath

PARENTS

22. Father's Name: William Althof
23. Mother's Name: Ruth Elizabeth Edwards
24. Informant: Homer G. Hartley Spouse

DISPOSITION

25a. Method of Disposition: ☒ Burial
25b. Place of Disposition: Eternal Hills Haven of Rest Mausoleum
25c. Location: Klamath Falls, Oregon
26. Name of Funeral Director or Person Acting as Such: Donna A. Figgs
26b. License Number: 52-0297
27. Name, Address and Zip of Facility: O'Hair's Funeral Chapel, 515 Pine ST. Klamath Falls, OR 97601

REGISTRAR

28. Date Filed: APR 27 1992
29. Signature: Charla Robinson

30. Did Decedent's Next of Kin Request Anatomical Gift Consider? ☐ Yes ☒ No ☐ N/A
31. Was Gift Made? ☐ Yes ☒ No ☐ N/A

CERTIFIER

To Be Completed by Certifying Physician

32. Time of Death: 5:15 A.M.
33. Was Medical Examiner Notified? ☐ Yes ☒ No
34. (Signature) M.D.
35. Date Certified: 4/27/92

To Be Completed Only by Medical Examiner

35a. Time of Death
35b. Date Pronounced Dead
36. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
37. Date Signed (Month, Day, Year) — County

38. Name, Title, Address and Zip of Certifier (Medical Examiner) (Type or Print): John J. Kleeman M.D. 1905 Main Street Klamath Falls, Oregon 97601
39. Name of Attending Physician if Other Than Certifier (Type or Print)

CAUSE OF DEATH

40. Immediate Cause (Enter only one cause per line) (a) AND (b) Due to (or as a consequence of) (c) Due to (or as a consequence of) (d) Enter only the disease or condition resulting in the immediate cause when a sequence of events is reported. Type of Injury should be reported in Part II.

PART I
(a) Cerebrovascular Hemorrhage DZ. — Interval between onset and death: 3 yrs.
(b) Due to (or as a consequence of)
(c) Due to (or as a consequence of)
(d)

PART II
Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

41. Did Tobacco Use Contribute to the Death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
42. Autopsy? ☐ Yes ☒ No
43. Was Autopsy Used in Determining Cause of Death? ☐ Yes ☐ No ☐ N/A

44. Manner of Death: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
45. Date of Injury (Month, Day, Year)
46. Time of Injury
47. Injury at Work? ☐ Yes ☐ No
48. Describe How Injury Occurred
49. Place of Injury: At home, farm, street, factory, office building etc. (Specify)
50. Location (Street and Number or Rural Route Number, City or Town, State)

Reserved for Registrar's Use

ORIGINAL — VITAL STATISTICS COPY

45.2 Rev. 7/91

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DATE ISSUED MAY 12 1992

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Gary R. Dahlstrom the 22nd day of May A.D., 19 92 at 3:02 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 11197.

Evelyn Biehn - County Clerk
By Danielle Nutcinside

FEE $10.00
Return & Taxes: Gary R. Dahlstrom
4282 Mission Creek Rd., Cashmere, Wa. 98814