CERTIFICATION OF VITAL RECORD

103091 — I.D. TAG NO. 350 — Local File Number 50187

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION Vol. M92 Page 20166
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH — State File Number

1. DECEDENT'S NAME	First: Dorothy	Middle: Agnes	Last: ELLIS	2. SEX: F
3. DATE OF DEATH (Month, Day, Year)	August 13, 1992			
4. SOCIAL SECURITY NUMBER	541-36-8903	5a. AGE-Last Birthday (Years)	82	5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.		6. BIRTHPLACE (City and State or Foreign Country)	Ft. Bidwell, CA	7. DATE OF BIRTH (Month, Day, Year) October 17, 1909
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	☐ Yes ☒ No	9a. PLACE OF DEATH (Check only one)	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	Merle West Medical Center	9c. CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls	9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	Homemaker	10b. KIND OF BUSINESS/INDUSTRY	Own Home	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed)	Homer			
13a. RESIDENCE - STATE	Oregon	13b. COUNTY	Klamath	13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER	636 No. Eldorado			
13e. INSIDE CITY LIMITS?	☒ Yes ☐ No	13f. ZIP CODE	97601	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify)	White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+) 2	
17. FATHER - NAME first middle last	Fred - Schadler	18. MOTHER - NAME first middle maiden	Vinnie - Kafader	19. INFORMANT - NAME and relationship to deceased: Homer Ellis / Husband
20a. METHOD OF DISPOSITION	☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Klamath Cremation Service	20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	James K. Ward	21b. LICENSE NUMBER (Of Licensee)	3409	22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601
23. DATE FILED (Month, Day, Year)	AUG 14 1992	24. REGISTRAR'S SIGNATURE	Carla Robinson	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?	☐ YES ☐ NO ☒ N/A	26. WAS GIFT MADE?	☐ YES ☐ NO ☒ N/A	

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0135 A
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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)
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH — M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) — M
32. 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)
33. DATE SIGNED (Month, Day, Year) — COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James A. Novak, MD / 1905 Main Street / Klamath Falls, Oregon / 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

36. 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) Renal failure. — Interval between onset and death: Days
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 resulting in the underlying cause given in PART I.
CAD, HBP, S/P CVA, Osteoporosis

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY — M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY occurred
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED AUG 17 1992

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

After Recording Return to
BOIVEN, JONES, UEELINGS & DEACON
119 NORTH 6TH STREET
KLAMATH FALLS, OREGON 97601

ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

45-D (May 7/91)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 3rd day of Sept. A.D., 1992 at 9:52 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 20166.

Evelyn Biehn County Clerk
By Pauline Musselman

FEE $10.00