

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME First: Dorothy Middle: Irene Last: NIELSEN		2. SEX F	3. DATE OF DEATH (Month, Day, Year) October 2, 1989
4. SOCIAL SECURITY NUMBER 561-32-2269		5a. AGE - Last Birthday (Years) 59	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Omaha, Nebraska		7. DATE OF BIRTH (Month, Day, Year) December 11, 1929	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY OF DEATH Klamath		9e. STREET AND NUMBER P.O. Box 193	
10a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Housewife		10b. KIND OF BUSINESS/INDUSTRY Homemaking	
11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify)		12. SPOUSE (If Married, Widowed, Divorced (Specify)) Jack Ervin	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Bly		13d. STREET AND NUMBER P.O. Box 193	
14. 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		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (12) College (14 or 5-1)		17. FATHER - NAME first middle last Paul Joseph Law	
18. MOTHER - NAME first middle maiden Vivian Virginia Pickett		19. INFORMANT - NAME and relationship to decedent Jack E. Nielsen, husband	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory	
20c. LOCATION - City or Town, State Eagle Point Natl Cemetery		20d. LOCATION - City or Town, State Klamath Falls, OR 97603	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William F. Newport		21b. LICENSE NUMBER (Of Licensee) 47-3104	
22. NAME, ADDRESS AND ZIP OF FACILITY of the Good Shepherd, 6420 South 6th St., Klamath Falls, Oregon 97603-7194		23. DATE FILED (Month, Day, Year) OCT 3 1989	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		25. WAS GIFT MADE? <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 0556 A M 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 30. TIME OF DEATH M 31. DATE PRONOUNCED DEAD (Month, Day, Year) 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) George Whang, M.D.		33. DATE SIGNED (Month, Day, Year) OCT 3 1989	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) George Whang, D.O., Chiloquin Medical Clinic, Chiloquin, Oregon 97624		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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) Hepatic encephalopathy DUE TO, OR AS A CONSEQUENCE OF: (b) Hepatic failure DUE TO, OR AS A CONSEQUENCE OF: (c) Chronic active Hepatitis B PART II Other significant conditions - Conditions contributing to death but not related to cause given in PART I.		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. 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"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year) M	
41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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452 REV. 1/85

DATE ISSUED OCT 3 1989

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



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Richard Mazza
of July A.D., 19 93 at 2:05 o'clock P.M., and duly recorded in Vol. M93
of Deeds on Page 18181

FEE \$10.00

Return: Richard Mazza, Box 116, Bly, Or. 97622

Evelyn Biehn -County Clerk
By Donna A. Verling