

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: <u>Dorothy</u> Middle: <u>Irene</u> Last: <u>NIELSEN</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>October 2, 1989</u>
4. SOCIAL SECURITY NUMBER <u>561-32-2269</u>		5a. AGE - Last Birthday (Years) <u>59</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Omaha, Nebraska</u>		7. DATE OF BIRTH (Month, Day, Year) <u>December 11, 1929</u>	
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"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER	
9b. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9d. COUNTY OF DEATH <u>Klamath</u>		10. KIND OF BUSINESS/INDUSTRY <u>Homemaking</u>	
11. MARITAL STATUS - <u>Married</u> Never Married, Widowed, Divorced (Specify)		12. SPOUSE (If Married, Widowed, Divorced (Specify)) <u>Jack Ervin</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Bly</u>		13d. STREET AND NUMBER <u>P.O. Box 193</u>	
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) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) <u>12</u> College (14 or 5-1)			
17. FATHER - NAME first middle last <u>Paul Joseph Law</u>		18. MOTHER - NAME first middle maiden <u>Vivian Virginia Pickett</u>	
19. INFORMANT - NAME and relationship to decedent <u>Jack E. Nielsen, husband</u>			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William F. Davenport</u>		21b. LICENSE NUMBER (Of Licensee) <u>47-3104</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 South 6th St., Klamath Falls, Oregon 97603-7194</u>		23. DATE FILED (Month, Day, Year) <u>OCT 3 1989</u>	
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 <u>0556</u> A M <input type="checkbox"/> P <input checked="" type="checkbox"/> No		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>George Whang, M.D.</u>		30. DATE SIGNED (Month, Day, Year) <u>October 3, 1989</u>	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>George Whang, D.O., Chiloquin Medical Clinic, Chiloquin, Oregon 97624</u>		32. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH <u> </u> M <u> </u> P <u> </u> H	
33. DATE SIGNED (Month, Day, Year) <u> </u> / <u> </u> / <u> </u>		34. DATE PRONOUNCED DEAD (Month, Day, Year) <u> </u> / <u> </u> / <u> </u>	
35. 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) <u>Hepatic encephalopathy</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Hepatic failure</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>Chronic active Hepatitis B</u> PART II OTHER SIGNIFICANT CONDITIONS - Other factors contributing to death but not related to cause given in PART I.		36. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
39. 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		40. DATE OF INJURY (Month, Day, Year) <u> </u> / <u> </u> / <u> </u>	
41. TIME OF INJURY <u> </u> M <u> </u> P <u> </u> H		42. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		44. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

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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 the 26th day 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