

File Number

CERTIFICATE OF DEATH

State File Number

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| 1. DECEASED'S First Middle Last Dolly Blair KIRK | | 2. SEX F | 3. DATE OF DEATH (Month, Day, Year) August 18, 1993 |
| 4. SOCIAL SECURITY NUMBER 542 78 8441 | 5a. AGE-Last Birthday (Years) 85 | 5b. Under 1 Year Mos. Days Hours Mins. | 5c. Under 1 Day Hours Mins. |
| 8. BIRTHPLACE (City and State or Foreign Country) Klamath Agency, OR | | 7. DATE OF BIRTH (Month, Day, Year) March 7, 1908 | |
| 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 checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> 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 | |
| 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) Widowed | | 12. SPOUSE (If Married, Widowed) Abner | |
| 13a. RESIDENCE - STATE Oregon | | 13b. COUNTY Klamath | |
| 13c. CITY, TOWN OR LOCATION Chiloquin | | 13d. STREET AND NUMBER 35850 Modoc Point Road | |
| 14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 14. ZIP CODE 97624 | |
| 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | 16. RACE American Indian, Black, White, etc. (Specify) Am. Indian | |
| 17. FATHER - NAME first middle last Carlos - Blair | | 18. MOTHER - NAME first middle maiden Nora - Pompey | |
| 19. INFORMANT - NAME and relationship to deceased Annette Pelletier / Dau | | 20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" 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) Klamath Cremation Service | | 20c. LOCATION - City or Town, State Klamath Falls, Oregon | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles Barcus</i> | | 21b. LICENSE NUMBER (Of Licensee) 3409 | |
| 22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc 1945 Main / Klamath Falls, OR. 97601 | | 23. DATE FILED (Month, Day, Year) AUG 19 1993 | |
| 24. REGISTRAR'S SIGNATURE <i>Charles Barcus</i> | | 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | |
| 26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | | 27. TIME OF DEATH 1615 M | |
| 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) <i>[Signature]</i> | |
| 30. DATE SIGNED (Month, Day, Year) August 19, 1993 | | 31. TIME OF DEATH M | |
| 32. DATE SIGNED (Month, Day, Year) August 19, 1993 | | 33. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M | |
| 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert F. Bohnen, MD / 2610 Uhrmann Road / Klamath Falls, Oregon / 97601 | | 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. Malignant Lymphoma in leukemic phase | | Interval between onset and death 2 days | |
| 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 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"/> Legal Intervention <input type="checkbox"/> Homicide | |
| 41a. DATE OF INJURY (Month, Day, Year) | | 41b. TIME OF INJURY M | |
| 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) | |

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DATE ISSUED: **AUG 20 1993**

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Ed Pelletier** the **2nd** day of **Sept.** A.D., 19 **93** at **10:27** o'clock **A M.**, and duly recorded in Vol. **M93** of **Deeds** on Page **22372**.

FEE \$10.00

Evelyn Biehn County Clerk

By *[Signature]*

Return: Ed Pelletier, 338 Michigan, Klamath Falls, Or. 97601