69626

10-13-93P02:02 RCVD

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CERTIFICATION OF VITAL RECORD

K-45657

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OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK

082575 I.D. TAG NO.

34 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

91-002289 136- State File Number

CERTIFICATE OF DEATH

DECEDENT'S

1 DECEDENT'S NAME: First: Opal; Middle: Aileen; Last: McKINNEY
2. SEX: F
3 DATE OF DEATH (Month, Day, Year): February 1, 1991
4 SOCIAL SECURITY NUMBER: 541-28-9483
5a AGE - Last Birthday (Years): 75
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Min.
6 BIRTHPLACE (City and State or Foreign Country): Neligh, NE
7 DATE OF BIRTH (Month, Day, Year): June 16, 1915
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): Foster Home
9b FACILITY NAME (If not institution, give street and number): 3530 Hope Street
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): Housewife
10b KIND OF BUSINESS/INDUSTRY: Homemaking
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12 SPOUSE (If Married, Widow(er)): George G.
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 5216 Peggy Avenue
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): 8 College (1-4 or 5+):

PARENTS

17 FATHER - NAME: First: Clarence; Middle: -; Last: McKnight
18 MOTHER - NAME: First: Myrtle; Middle: Shulen; Maiden: Barger
19 INFORMANT - NAME and relationship to decedent: Coral Alexander, daughter

DISPOSITION

20a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c LOCATION - City or Town, State: Klamath Falls, OR 97603

REGISTRAR

21a SIGNATURE OF FUNERAL SERVICE CONDUCTOR OR PERSON ACTING AS SUCH: Jerri A. Davenport
21b LICENSE NUMBER (Or License): 53-0124
22 NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
23 DATE FILED (Month, Day, Year): FEB 4 1991
24 REGISTRAR'S SIGNATURE: Darcy Kennedy
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26 WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 1210 P M
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): Kenneth K. Magee
30 DATE SIGNED (Month, Day, Year): February 4, 1991
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

CAUSE OF DEATH

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

PART I
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
(a) DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of Pancreas with metastasis — Interval between onset and death: 6 mos.
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c)

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? ☐ Yes ☐ No ☐ Probably ☒ Unk
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

ORIGINAL - VITAL STATISTICS COPY

RETURN TO: CORAL DEVORE
2522 HOMEDALE RD.
KLAMATH FALLS, OREGON 97603

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

SEP 20 1993
DATE ISSUED

Edward J. Johnson II
EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title co the 13th day of Oct. A.D., 19 93 at 2:02 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 26723.

Evelyn Biehn County Clerk

FEE $10.00

By Deanna Mullendore