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167880

I.D. TAG NO.

399

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: Lilith Middle: May Last: O'CONNOR		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) August 22, 1995
4. SOCIAL SECURITY NUMBER 542-54-8689	5a. AGE-Last Birthday (Years) 73	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Byers, Colorado
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"/> Outpatient <input type="checkbox"/> ERO Outpatient <input type="checkbox"/> DOA <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 Homemaking	
11. MARITAL STATUS: Married Never Married, Widowed, Divorced (Specify)		12. SPOUSE (If Married, Widowed) Thomas J. O'Connor	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Bonanza		13d. STREET AND NUMBER P.O. Box 62	
14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 5+) 12			
17. FATHER - NAME first middle last Carl Mort		18. MOTHER - NAME first middle maiden Josephine G. Griffith	
19. INFORMANT - NAME and relationship to decedent Thomas O'Connor - Spouse			
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) Bonanza Memorial Park	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James C. Briggs</i>		21b. LICENSE NUMBER (Of Licensee) CO-3572	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street Klamath Falls, OR 97601			
23. DATE FILED (Month, Day, Year) AUG 24 1995		24. REGISTRAR'S SIGNATURE <i>Janet Bailey-Gober</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 12:10 P.M. <input type="checkbox"/> Yes <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) <i>Sean B. Dow</i> M.D.			
30. DATE SIGNED (Month, Day, Year) 8/23/95			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Sean B. Dow, M.D., 2628 Campus Drive, Klamath Falls, Oregon 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) congestive heart failure		Interval between onset and death	
(b) Acute renal failure - etiology unknown		Interval between onset and death	
(c) pneumonia		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.			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
39. IF YES were findings considered in determining cause of death?			
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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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ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED:

AUG 24 1995

Janet Bailey-Gober

JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 17th day
of October A.D., 19 95 at 10:43 o'clock A M., and duly recorded in Vol. M95
of Deeds on Page 28215.

FEE \$10.00

By Bernetha G. Letsch, County Clerk
Annette Mueller