20672

Vol M96 Page 19523

CERTIFICATE OF DEATH

STATE FILE NUMBER: 1996 45 000603 LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST: Kathleen
2. MIDDLE: Bridget
3. LAST (FAMILY): O'Keeffe
4. DATE OF BIRTH MM/DD/CCYY: 11/08/1904
5. AGE: 91
6. SEX: F
7. DATE OF DEATH MM/DD/CCYY: 04/27/1996
8. HOUR: 1540
9. STATE OF BIRTH: Ireland
10. SOCIAL SECURITY NO.: 544-5[illegible]-6[illegible]0
11. MILITARY SERVICE: [illegible] TO 19[illegible] MONTH
12. MARITAL STATUS: Widowed
13. EDUCATION—YEARS COMPLETED: 8
14. RACE: White
15. HISPANIC—SPECIFY: YES [ ] NO [X]
16. USUAL EMPLOYER: Self
17. OCCUPATION: Homemaker
18. KIND OF BUSINESS/INDUSTRY: Home
19. YEARS IN OCCUPATION: 70

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR RURAL ROUTE NUMBER: 102 Garfield
21. CITY: Merrill
22. COUNTY: Klamath
23. ZIP CODE: 97633
24. TIME IN COUNTY: 60
25. STATE OR FOREIGN COUNTRY: OR

INFORMANT

26. NAME, RELATIONSHIP: Maurice O'Keeffe , Son
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): P.O. Box 1533 Cottonwood, CA 96022

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: –
29. MIDDLE: –
30. LAST (MAIDEN NAME): –
31. NAME OF FATHER—FIRST: Tom
32. MIDDLE: –
33. LAST: Lynch
34. BIRTH STATE: Ireland
35. NAME OF MOTHER—FIRST: Bridget
36. MIDDLE: –
37. LAST (MAIDEN): Ahern
38. BIRTH STATE: Ireland

DISPOSITION(S)

39. DATE MM/DD/CCYY: 05/01/1996
40. PLACE OF FINAL DISPOSITION: Mount Calvary Cemetery - Klamath Falls, OR.

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): TR/BU
42. SIGNATURE: C R Anderson
43. LICENSE NO.: 4475
44. NAME OF FUNERAL DIRECTOR: Anderson's Chapel
45. LICENSE NO.: FD 864
46. SIGNATURE OF LOCAL REGISTRAR: ANDREW W. DEBOHART, M.D., M.P.H. By Linda K Allen Deputy
47. DATE MM/DD/CCYY: 04/30/1996

PLACE OF DEATH

101. PLACE OF DEATH: Mercy Medical Center
102. IF HOSPITAL: CITY ONLY [X] IP [ ] ER [ ] DOA
103. FACILITY OTHER THAN HOSPITAL: [ ] CONV. HOSP. [ ] RES. [ ] OTHER
104. COUNTY: Shasta
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 2175 Rosaline Ave.
106. CITY: Redding

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cardiorespiratory Arrest	Mins
DUE TO	(B) Sepsis	Mins
DUE TO	(C) Urinary Tract Infection	Days
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: [X] YES [ ] NO — REFERRAL NUMBER: I96-251
109. AUTOPSY PERFORMED: [ ] YES [X] NO
110. AUTOPSY PERFORMED: [ ] YES [X] NO
111. USED IN DETERMINING CAUSE: [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: Post Hip Surgery
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? YES. LIST TYPE OF OPERATION AND DATE.: Left Hip Hemiarthroplasty 01/14/1996

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY: 04/27/1996 DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 04/27/1996
115. SIGNATURE AND TITLE OF CERTIFIER: M D
116. LICENSE NO.: A44843
117. DATE MM/DD/CCYY: 04/30/1996
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: Mirtha Balzar M.D. Ferry & East Sts. Anderson, CA 96007

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED
120. INJURY AT WORK: [ ] YES [ ] NO
121. INJURY DATE MM/DD/CCYY:
122. HOUR:
123. PLACE OF INJURY:
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE):
126. SIGNATURE OF CORONER OR DEPUTY CORONER:
127. DATE MM/DD/CCYY:
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER:

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

96 JUL -1 P2:48

CERTIFICATION STATEMENT

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office.

DATED: MAY / 01 / 1996

Andrew W. DeBohart, M.D., M.P.H.
Registrar of Vital Statistics
Shasta County Health Department
2650 Breslauer Way
Redding, CA 96001

10

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Maurice J O'Keeffe the 1st day of July A.D., 19 96 at 2:48 o'clock PM., and duly recorded in Vol. M96 of Deeds on Page 19523.

FEE $10.00

Return: Maurice J O'Keeffe
P.O. Box 398
Merrill, Oregon 97633

Bernetha G. Letsch, County Clerk
By