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OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

24134

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194612 I.D. TAG NO.
323 Local File Number

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

95-14548 136 State File Number

96 SEP -3 A9:50

1. DECEDENT'S NAME: First: Doris; Middle: Irene; Last: Kircher		2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): July 11, 1995
4. SOCIAL SECURITY NUMBER: 544-01-1620	5a. AGE-Last Birthday (Years): 77; 5b. Under 1 Year: Mos. / Days; 5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign): Hillsboro, Oregon	7. DATE OF BIRTH (Month, Day, Year): April 6, 1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No	8a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)		
9a. FACILITY NAME (If not institution, give street and number): Merle West Medical Center	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): Beautician	10b. KIND OF BUSINESS/INDUSTRY: Cosmetology	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Dwight Kircher
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 7207 Boyd Court
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97603	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): 12; College (1-4 or 5+):			
17. FATHER - NAME first middle last: Roy - Hays	18. MOTHER - NAME first middle maiden: Mary - Anderson	19. INFORMANT - NAME and relationship to deceased: Dwight Kircher - Spouse	
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 Crematory	20c. LOCATION - City or Town, State: Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Dale A. Wilt	21b. LICENSE NUMBER (ID Licensee): 3588	22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603	
23. DATE FILED (Month, Day, Year): JUL 14 1995	24. REGISTRAR'S SIGNATURE: Evelyn Simmons		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ NA	26. WAS GIFT MADE? ☐ YES ☒ NO ☐ NA		

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 4:24 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)	
30. DATE SIGNED (Month, Day, Year)	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 4:24 p. M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): July 11, 1995 4:24 p. 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: Charles D. Bury M.D.	
33. DATE SIGNED (Month, Day, Year): July 13, 1995	COUNTY: Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles D. Bury M.D. 2300 Claimant Drive 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.		Interval between onset and death
PART I (a) Acute Myocardial Infarction		Hours
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF		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? ☐ Yes ☐ Probably ☐ No ☒ Unknown	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 ☐ Could not be determined ☐ Legal Intervention	41a. DATE OF INJURY (Month, Day, Year): 7-11-95	41b. TIME OF INJURY: 3:45 p. M	41c. INJURY AT WORK? ☐ Yes ☒ No
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify): Home	41e. DESCRIBE HOW INJURY OCCURRED: After cooking dinner victim collapsed in a chair and was unresponsive. Victim was pronounced dead later at the E.R.		
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 7207 Boyd Ct. Klamath Falls, Oregon 97603			

RESERVED FOR REGISTRAR'S USE: 5145

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

DATE ISSUED: AUG 28 1996

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of AmeriTitle the 3rd day of September A.D., 19 96 at 9:50 o'clock AM., and duly recorded in Vol. M96, of Deeds on Page 27293.

Bernetha G Letsch, County Clerk

FEE $10.00 By