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OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

25313 ID TAG NO.

389 Local File Number

87-018825 State File Number

CERTIFICATE OF DEATH

DECEASED -- NAME: First DONA; Middle ALICE; Last CROW

DATE OF DEATH (month, day, year): 2 October 16, 1987

1 RACE White, Black, American Indian, etc. (specify): 3 White

SEX: 4 Female

AGE -- Last birthday (years): 5a 69; Under 1 year: mos 5b, days; Under 1 day: hours, min 5c

DATE OF BIRTH (month, day, year): 6 August 14, 1918

CITY, TOWN OR LOCATION OF DEATH: 7a Klamath Falls

HOSPITAL OR OTHER INSTITUTION -- NAME (If not in either, give street and number): 7b Mt. View Care Center

IF HOSP OR INST Indicate DOA, OP, Emer. Rm., Inpatient (specify): 7c Inpatient

COUNTY OF DEATH: 7d Klamath

STATE OF BIRTH (If not in U.S.A., name country): 8 Arkansas

CITIZEN OF WHAT COUNTRY: 9 U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married

SPOUSE (IF MARRIED, WIDOWED): 11 Louie Alvin

WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): 12 No

SOCIAL SECURITY NUMBER: 13 446-20-0663

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a Housewife 9/4961

KIND OF BUSINESS OR INDUSTRY: 14b At Home

RESIDENCE -- STATE: 15a Oregon

COUNTY: 15b Klamath

CITY, TOWN OR LOCATION: 15c Klamath Falls 13

STREET AND NUMBER OR R.F.D.: 15d 2147 Eberlein

ZIP: 97601

Inside City Limits (specify yes or no): 15e Yes

FATHER -- NAME first middle last: 16 James - Ball

MOTHER -- first middle last (Maiden Name): 17 Pearl - Veneer

INFORMANT -- NAME and relationship to deceased: 18 Louie A. Crow / Husband

BURIAL, CREMATION, REMOVAL, HAUL (specify): 19a Burial

CEMETERY OR CREMATORY -- NAME: 19b Eternal Hills Memorial Gardens

LOCATION city or town, state: 19c Klamath Falls, Ore.

FUNERAL SERVICE LICENSEE or person acting as such (Signature): 20a Jon Lancaster

NAME AND ADDRESS OF FACILITY: 20b Ward's Funeral Home / 1945 Main St. / Klamath Falls, Ore.

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a (Signature): Kenneth K. Magee

DATE SIGNED (Mo., Day, Year): 21b 10-19-87

HOUR OF DEATH: 21c 02:30 A M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 21d Kenneth K. Magee, MD - 1900 Main St. - Klamath Falls, Oregon 97[illegible]

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 22a OCT 19 1987

REGISTRAR: 22b (Signature) Michelle Bradiff

PART I

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

(a) Respiratory Arrest — Interval between onset and death: minutes

DUE TO OR AS A CONSEQUENCE OF:

(b) acute aspiration — Interval between onset and death: minutes

DUE TO OR AS A CONSEQUENCE OF:

(c) severe Dysphagia due to Parkinsons Disease — Interval between onset and death: years-Progress

PART II OTHER SIGNIFICANT CONDITIONS -- Conditions contributing to death but not related to cause given in PART I (a).

Cor Lyxia due to Parkinsons Disease

AUTOPSY (Specify Yes or No): 24 No

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): 25 No

ACCIDENT (Specify Yes or No): 26a No

DATE OF INJURY (Mo., Day, Year): 26b

HOUR OF INJURY: 26c

DESCRIBE HOW INJURY OCCURRED: 26d

INJURY AT WORK (Specify Yes or No): 26e

PLACE OF INJURY -- At home, farm, street, factory, office building, etc. (Specify): 26f

LOCATION: 26g STREET OR R.F.D. NO. CITY OR TOWN STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N.A. ☐

WAS GIFT MADE? YES ☐ NO ☐ N.A. ☐

RESERVED FOR REGISTRAR'S USE

43-2 Rev 6-85

ORIGINAL - VITAL STATISTICS COPY

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.

EDWARD J. JOHNSON II
STATE REGISTHAR

DATE ISSUED: JUL 24 1997

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Peggy Ross the 11th day of August A.D., 19 97 at 2:55 o'clock P. M., and duly recorded in Vol. M97, of Deeds on Page 26288.