

97 OCT 22 P 3:28

1. DECEASED'S NAME IVILA, Pauline MC DONALD		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) October 14, 1997	
4. SOCIAL SECURITY NUMBER 447-20-2762		5. AGE (at death) 73		6. BIRTHPLACE (City and State or Foreign Country) Chelsea, Oklahoma	
7. DATE OF BIRTH (Month, Day, Year) January 15, 1924		8. PLACE OF DEATH (Check only one) ☐ Home ☒ Hospital ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)			
9. FACILITY NAME (if not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		11. COUNTY OF DEATH Klamath	
12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		13. KIND OF BUSINESS/INDUSTRY Own Home		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
15. RESIDENCE - STATE Oregon		16. CITY, TOWN, OR LOCATION Bonanza		17. STREET AND NUMBER 9650 Gale Road	
18. RESIDENCE - COUNTY Klamath		19. ZIP CODE 97623		20. DECEASED'S EDUCATION (Specify only highest grade completed) 12	
21. RACE (Specify) White		22. INFORMANT - NAME and relationship to decedent Dorothy Martino - Daughter			
23. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Removal from State ☐ Other (Specify) Bonanza Memorial Park		24. PLACE OF DISPOSITION (Place of cemetery, crematory, or other place) Bonanza, Oregon		25. LOCATION - City or Town, State Bonanza, Oregon	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Chad Scarola</i>		27. LICENSE NUMBER (of Licensee) 1462		28. NAME, ADDRESS AND ZIP OF FACILITY Hard's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601	
29. DATE FILED (Month, Day, Year) OCT 17 1997		30. REGISTRAR'S SIGNATURE <i>Dorothy Martino</i>		31. WAS GIFT MAILED? ☐ YES ☒ NO	
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO		33. WAS GIFT MAILED? ☐ YES ☒ NO			
TO BE COMPLETED BY CERTIFYING PHYSICIAN 34. TIME OF DEATH 2350 35. WAS MEDICAL EXAMINER NOTIFIED? ☒ YES ☐ NO 36. To the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated. <i>Chad Scarola</i> 37. DATE SIGNED (Month, Day, Year) 10-16-97 38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Chad Scarola, M.D., 2800 Daggett, Klamath Falls, OR 97601 39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
TO BE COMPLETED ONLY BY MEDICAL EXAMINER 40. TIME OF DEATH 2350 41. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 10-16-97 42. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated. (Signature) 43. DATE SIGNED (Month, Day, Year) COUNTY					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 44. 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) Pneumonia (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: 45. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. 46. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Unexplained ☐ Accidental ☐ Suicide ☐ Homicide ☐ Other 47. DATE OF INJURY (Month, Day, Year) 48. TIME OF INJURY 49. INJURY AT WORK? ☐ YES ☒ NO 50. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) 51. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

ORIGINAL VITAL STATISTICS COPY

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DATE ISSUED: **OCT 17 1997**

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Leonard McDonald the 22nd day of October A.D., 19 97 at 3:28 o'clock P. M., and duly recorded in Vol. M97 of Deeds on Page 34848.

FEE \$10.00

Bernetha G. Letsch, County Clerk
By *Kathleen Rose*