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80329

222 Local File Number

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

79-014570 State File Number

CERTIFICATE OF DEATH

DECEASED—NAME First	Middle	Last	DATE OF DEATH (month, day, year)
1 Dr. Fergus	Richard	PINGREY	2 September 24, 1979

RACE White, Black, American Indian, etc. (specify)	SEX	AGE—Last birthday (years)	Under 1 year: mos. / days	Under 1 day: hours / min.	DATE OF BIRTH (month, day, year)
3 White	4 Male	5a 69	5b	5c	6 April 12, 1910

COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	IF HOSPITAL INSTITUTION Indicate DOA, OP, Emer. Rm., Inpatient (Specify)
7a Lincoln	7b Newport	7c Pac. Communities Hospital	7d Inpatient

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	SPOUSE (IF MARRIED, WIDOWED)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Colorado	9 USA	10 Married	11 Helen	12 Yes

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13 377-16-8463	14a Physician - Ret.	14b Medical

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	Inside City Limits (specify yes or no)
15a Oregon	15b Lincoln	15c Newport	15d 322 SE Harney 97365	15e Yes

FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased
16 Rowe N. Pingrey	17 Mary M. Graham	18 Helen Pingrey - spouse

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state
19a Cremation	19b Willamette Crematory	19c Tigard Oregon

FUNERAL SERVICE LICENSEE OR person Acting As Such [Signature]	NAME AND ADDRESS OF FACILITY
20a Robert Verne Bateman	20b Bateman Funeral Homes 915 NE Yaquina Hts. Drive Newport, Oregon 97365

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]	21b DATE SIGNED [Mo., Day, Yr.]	21c HOUR OF DEATH
David M Bell MD	9/28/79	2:45 a. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print] David M Bell MD 814 S.W. Bay St, Newport

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	22b REGISTRAR [Signature]
October 2, 1979	Carol E. Mueller

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

PART I

		Interval between onset and death
(a)	Aortic aneurism rupture	30 hours
DUE TO, OR AS A CONSEQUENCE OF: (b)	Arteriosclerosis	1 years
DUE TO, OR AS A CONSEQUENCE OF: (c)		

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

Urinary Tract Infection, Congestive Heart Failure

24 AUTOPSY [Specify Yes or No]	25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or No]
Yes	No

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
		M	

26e INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

Return

BELL & BELL
ATTORNEYS-AT-LAW
311 NORTH THIRD STREET
STAYTON, OREGON 97383

VS-2 Rev-1-78 P-65412

STATE OF OREGON, COUNTY OF MULTNOMAH) ss.

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

DATE ISSUED DECEMBER 24 1979

STATE REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 6th day of February A.D., 19 80 at 1:38 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 2391.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernetha A. Letsch Deputy