

85920

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

Vol. M80 Page 11491

7 JUN 23 PM 2 34
CERTIFICATE OF DEATHTYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
A-10-11-12
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

Local File Number		First		Middle		Last		State File Number	
1 DECEASED—NAME		VANCE		FRANKLIN		HAWLEY		DATE OF DEATH (month, day, year)	
2 RACE White, Black, American Indian, etc. (specify)		3 SEX Male		4 AGE—Last birthday (years) 68		5a Under 1 year		5b Under 1 day	
6 COUNTY OF DEATH Lane		7a CITY, TOWN OR LOCATION OF DEATH Eugene		7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		7c Sacred Heart Hospital		7d Inpatient	
8 STATE OF BIRTH (If not in U.S.A., name country) Utah		9 CITIZEN OF WHAT COUNTRY USA		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11 SPOUSE (IF MARRIED, WIDOWED) Ruby S. Hawley		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
13 SOCIAL SECURITY NUMBER 542-50-7467		14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Chief Air Traffic Controller		14b KIND OF BUSINESS OR INDUSTRY Federal Aviation Administration		15a Oregon		15b Klamath	
16 FATHER—NAME first middle last Franklin Hawley		17 MOTHER—Maiden Name first middle last Marinda Lorensen		18 INFORMANT—NAME and relationship to deceased Ruby S. Hawley - wife		19a Burial, cremation, removal, maus. (specify) Cremation		19b Cemetery or crematory—NAME Rest Haven Memorial Park	
19c Funeral service licensee or person acting as such (Specify)		20a Lounsbury-Musgrove Mortuary 1152 Olive St. Eugene, Oregon 97401		20b DATE SIGNED (Mo., Day, Yr.) June 10, 1980		20c HOUR OF DEATH 0805		20d M	
21a CERTIFIER—NAME AND TITLE (Type or print) R. B. Litin - M.D. - 677 East 12th - Eugene - Oregon 97401		21b MAILING ADDRESS (Street, city or town, state, zip) Eugene, Oregon 97401		21c		21d		21e	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 12, 1980		22b REGISTRAR (Signature) Margorie A. Rainey, Deputy		23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		24 AUTOPSY (Specify Yes or No) no		25 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) no	
26a INJURY AT WORK (Specify Yes or No)		26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		26c DESCRIBE HOW INJURY OCCURRED		26d		26e	
26f		26g		26h		26i		26j	

VS-2 Rev 8-78 P-85412

STATE OF OREGON, COUNTY OF LANE

DATE June 12, 1980

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE LANE COUNTY COMMUNITY HEALTH AND SOCIAL SERVICE DEPARTMENT.

David L. White, M.D.
Registrar of Vital Statistics

By Margorie A. Rainey, Deputy

NOT VALID WITHOUT RAISED SEAL OF LANE COUNTY HEALTH DIVISION, STATE OF OREGON

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of June A.D., 19 80 at 2:34 o'clock P M., and duly recorded in Vol. M80 of Deeds on Page 11491.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernetha H. Hetch Deputy