93255

270
Local File Number

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

MTC 9589 M80- 23339

State File Number

DECEASED—NAME (First, Middle, Last): 1. Donald [illegible] GIRARD

DATE OF DEATH (month, day, year): 2. September 1?, 197?

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

SEX: 4. Male

AGE—Last birthday (years): 5a. 62

Under 1 year (mos. / days): 5b.

Under 1 day (hours / min): 5c.

DATE OF BIRTH (month, day, year): 6. December 30, 1913

COUNTY OF DEATH: 7a. Deschutes

CITY, TOWN, OR LOCATION OF DEATH: 7b. Bend

Inside City Limits (specify yes or no): 7c. Yes

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7d. St. Charles Medical Center

STATE OF BIRTH (If not in USA, name country): 8. Oregon

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

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

NAME OF SPOUSE: 11. Eva

SOCIAL SECURITY NUMBER: 12. 54? 12 5727

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 13a. Logging

KIND OF BUSINESS OR INDUSTRY: 13b. Timber

RESIDENCE—STATE: 14a. Oregon

COUNTY: 14b. Deschutes

CITY, TOWN, OR LOCATION: 14c. LaPine

Inside City Limits (specify yes or no): 14d. No

STREET AND NUMBER OR R.F.D.: 14e. Box 462

FATHER—NAME (first, middle, last): 15. Ralph Girard

MOTHER—Maiden Name (first, middle, last): 16. Lois Smallie

INFORMANT—NAME and relationship to deceased: 17. Eva Girard Widow

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

18. Immediate cause

(a) Renal Failure — approximate interval between onset and death: 1-2 years

due to, or as a consequence of:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

(b) Chronic Pyelonephritis — 2 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): COPD, [illegible], alcoholism & fatty liver, [illegible]

AUTOPSY (yes or no): 19a. No

IF YES were findings considered in determining cause of death: 19b.

ACCIDENT (specify yes or no): 20a.

DATE OF INJURY (month, day, year): 20b.

HOUR: 20c. M.

HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): 20d.

INJURY AT WORK (specify yes or no): 20e.

PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): 20f.

LOCATION (street or R.F.D. No., city or town, county, state): 20g.

CERTIFICATION—PHYSICIAN: I attended the deceased from (month, day, year): 21. 5-11-72 to 9-17-76

And Last Saw Him/Her Alive on (month, day, year): 9-17-76

I Did/Did Not view the body after death (specify): Did not

DEATH OCCURRED (hour): 3:55 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE: 22a. [signature]

NAME (type or print): 22b. David A. Fredstrom

Degree or Title: M. D.

DATE SIGNED (month, day, year): 22c. 9-20-76

MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 23. 361 N. E. Franklin, Bend, Oregon 97701

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 24a. Burial

CEMETERY OR CREMATORY—NAME: 24b. Dallas Cemetery

LOCATION (city or town, state): 24c. Dallas Oregon

DATE (mo., day, year): 24d. 9-21-76

FUNERAL DIRECTOR—SIGNATURE: [signature]

FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): 25b. Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, Oregon 97701

REGISTRAR—SIGNATURE: 26a. [signature]

DATE RECEIVED BY LOCAL REGISTRAR: 26b. September 20, 1976

DATE RECEIVED BY STATE REGISTRAR: 27.

RESERVED FOR REGISTRAR'S USE: 28.

VS 2 R-69

Return
Pine Forest Cicon
P.O. Box 685
LaPine Ore 97739

STATE OF OREGON
COUNTY OF DESCHUTES

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Deschutes County Health Department.

[signature]
Joan K. Hamm, Registrar
Vital Statistics

SEAL

VOID IF ALTERED

Sept. 29 1976
Date

STATE OF OREGON; COUNTY OF KLAMATH;ss.

I hereby certify that the within instrument was received and filed for record on the 2nd day of December A.D., 1980 at 2:52 O'clock P M., and duly recorded in Vol M80 of Deeds on Page 23339.

Fee $ 3.50

WM. D. MILNE, County Clerk
by [signature] deputy