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

27535 — Local File Number 63 — Vol. M83 Page 14547 — 83-013124 — State File Number

CERTIFICATE OF DEATH

1 DECEASED—NAME: Peter GRAVES DOUGHTY					2 DATE OF DEATH (MONTH, DAY, YEAR): August 1, 1983
3 RACE: White	4 SEX: Male	5A AGE—LAST BIRTHDAY (YEARS): 35	UNDER 1 YEAR: 5B MOS. / DAYS	UNDER 1 DAY: 5C HOURS / MIN.	6 DATE OF BIRTH (MONTH, DAY, YEAR): July 29, 1948
7A COUNTY OF DEATH: Crook	7B CITY, TOWN, OR LOCATION OF DEATH: Prineville	7C HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): Twp 15E Range 26E Sec.36			7D IF HOSP. OR INST., INDICATE DOA, OP/EMER, RM., INPATIENT (SPECIFY)
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Massachusetts	9 CITIZEN OF WHAT COUNTRY: USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married	11 SPOUSE (IF MARRIED, WIDOWED): JoAnn		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): NO
13 SOCIAL SECURITY NUMBER: 014-34-7520	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Log Skidder Driver		14B KIND OF BUSINESS OR INDUSTRY: Lumber		
15A RESIDENCE—STATE: Oregon	15B COUNTY: Deschutes	15C CITY, TOWN, OR LOCATION: LaPine	15D STREET AND NUMBER OR R.F.D.: Rt. 1 Split Rail Rd.		15E INSIDE CITY LIMITS (SPECIFY YES OR NO): No
16 FATHER—NAME FIRST MIDDLE LAST: Francis -- Doughty	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Jeanette Coates ----------		18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Joanne Doughty -- Wife		
19A BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY): Cremation	19B CEMETERY OR CREMATORY—NAME: Centeral Oregon Cremation Assoc		19C LOCATION CITY OR TOWN: Bend	STATE: Oregon	
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: Frank D. Daly	20B NAME AND ADDRESS OF FACILITY: Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, OR 97701				

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR): 12:20 P. M.	21B THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR: Aug. 1, 1983 P M.	21C FROM: NATURAL CAUSES ☐	ACCIDENT ☒	SUICIDE ☐	
		HOMICIDE ☐	UNDETERMINED ☐	PENDING ☐	
21D CERTIFIER — SIGNATURE: Evan L Jones		21E NAME—(TYPE OR PRINT): Evan L. Jones, M. D.		DEGREE OR TITLE	
21F MEDICAL EXAMINER FOR: Crook COUNTY		21G DATE SIGNED (MONTH, DAY, YEAR): 8-2-83			

22A DATE RECEIVED BY REGISTRAR (MO. DAY, YR.): AUG. 03 1983	22B REGISTRAR (SIGNATURE): Judy Bernath

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

PART I
(A) Crushing injury of abdomen and pelvis — INTERVAL BETWEEN ONSET AND DEATH: instant
DUE TO, OR AS A CONSEQUENCE OF:
(B) — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(C) — INTERVAL BETWEEN ONSET AND DEATH:

PART II — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)
24 AUTOPSY (SPECIFY YES OR NO): no

25A DATE OF INJURY (MONTH, DAY, YEAR): Aug. 1, 1983	25B HOUR: 11:45A	25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Skidder turned over on steep hill - rolled on him	
25D INJ. AT WORK (SPECIFY YES OR NO): yes	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Woods	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): Sec. 15S Range 26 E Sec. 36 Crook-Co. Oregon	07

RESERVED FOR REGISTRAR'S USE

Return
JoAnn Doughty
P.O. Box 229
Bend, Or 97709

ORIGINAL-VITAL STATISTICS COPY — VS-107 REV. 1-78

STATE OF OREGON, COUNTY OF MULTNOMAH } ss — DATE ISSUED AUGUST 19 1983

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 RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, 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 29 day of August A.D., 19 83 at 2:51 o'clock P M and duly recorded in Vol M83, of DEEDS on page 14547

EVELYN BIEHN COUNTY CLERK

FEE $ 4.00 by _____ Deputy