31268

436 — Local File Number

83 DEC 6 PM 1 27

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ORS – 146

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State File Number

Field	Entry
1. Deceased—Name (First, Middle, Last)	Myrtie Carol MC CRACKEN
2. Date of Death (Month, Day, Year)	October 15, 1981
3. Race (White, Black, American Indian, etc.) (Specify)	white
4. Sex	female
5A. Age—Last Birthday (Years)	38
5B. Under 1 Year (Mos. / Days)	
5C. Under 1 Day (Hours / Min.)	
6. Date of Birth (Month, Day, Year)	September 7, 1981
7A. City, Town, or Location of Death	Crawfordsville
7B. Hospital or Other Institution—Name (If not in either, give street & no.)	–
7C. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	–
7D. County of Death	Linn
8. State of Birth (If not in U.S.A., name country)	Wisconsin
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced (Specify)	married
11. Spouse (If married, widowed)	James H.
12. Was Decedent Ever in U.S. Armed Forces? (Specify yes or no)	no
13. Social Security Number	390-42-1086
14A. Usual Occupation (Give kind of work done during most of working life, even if retired)	housewife
14B. Kind of Business or Industry	own home
15A. Residence—State	Oregon
15B. County	Linn
15C. City, Town, or Location	Crawfordsville
15D. Street and Number or R.F.D.	A Street
15E. Inside City Limits (Specify yes or no)	yes
16. Father—Name (First, Middle, Last)	Kenneth La Forge
17. Mother—Maiden Name (First, Middle, Last)	Adele Chapman
18. Informant—Name and Relationship to Deceased	James H. Mc Cracken - husban
19A. Burial, Cremation, Removal, Maus. (Specify)	Burial
19B. Cemetery or Crematory—Name	Lewis Cemetery
19C. Location—City or Town, State	Foster, Oregon
20A. Funeral Service Licensee or Person Acting as Such—Signature	[signature]
20B. Name and Address of Facility	Steckly-Tracewell Funeral Home • • Sweet Home, Oregon 97386

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:

Field	Entry
21A. Death Occurred (Hour)	Approx. 6:00 A
21B. The Decedent Was Pronounced Dead (Month, Day, Year, Hour)	10 15 81 7 30 P M.
21C. From: Natural Causes ☐ Homicide ☐ Accident ☐ Undetermined ☒ Suicide ☐ Pending ☒	
21D. Certifier—Signature	Michael Mattice MD
Medical Examiner For	Michael Mattice MD — County: Linn
21E. Name—(Type or Print), Degree or Title	
21F. Date Received by Registrar (Mo., Day, Yr.)	
21G. Date Signed (Month, Day, Year)	10/19/81
22A. Registrar	October 22, 1981
22B. (Signature)	Jinny Dickson, Deputy

23. Part I — Immediate Cause (Enter only one cause per line for (a), (b), and (c).)

	Cause	Interval Between Onset and Death
(a)	Indeterminant pending toxicology	
(b) Due to, or as a consequence of:		
(c) Due to, or as a consequence of:		

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):

25A. Date of Injury (Month, Day, Year)	25B. Hour	25C. How Injury Occurred (Enter nature of injury in Part I or Part II, Item 23)

25D. Inj. at Work (Specify yes or no)	25E. Place of Injury—At home, farm, street, factory, office bldg., etc. (Specify)	25F. Location (Street or R.F.D. No., City or Town, County, State)

Reserved for Registrar's Use

ORIGINAL - VITAL STATISTICS COPY

HS-107 REV. 1-80

ck 4.00

STATE OF OREGON
COUNTY OF LINN

This certifies that the foregoing is a reproduction of a record of death on file with the Linn County Department of Health Services.

Jinny Dickson Deputy

Date October 22, 1981

ret:
James H. McCracken
P.O. Box 176, A St.
Crawfordsville, OR 97336

NOT VALID WITHOUT RAISED SEAL OF LINN COUNTY DEPARTMENT OF HEALTH SERVICES

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 December A.D., 19 83 at 1:27 o'clock P M, and duly recorded in Vol M83, of Deeds on page 20807.

EVELYN BIEHN, COUNTY CLERK

Fee $4.00

by [signature] deputy