37545

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

Vol. M84 Page 9645

163
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME: First: Audrey	Middle:	Last: Johnson BROWN		DATE OF DEATH (month, day, year): April 27, 1984	
RACE (White, Black, American Indian, etc. (specify)): White	SEX: Female	AGE—Last birthday (years): 65	Under 1 year: mos / days	Under 1 day: hours / min	DATE OF BIRTH (month, day, year): November 20, 1918
CITY, TOWN OR LOCATION OF DEATH: Bend	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): St. Chas. Med. Cent.		IF HOSP OR INST, Indicate DOA, OP, Emer., Rm., Inpatient (Specify): Inpatient	COUNTY OF DEATH: Deschutes	
STATE OF BIRTH (If not in U.S.A. name country): Kansas	CITIZEN OF WHAT COUNTRY: USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	SPOUSE (IF MARRIED, WIDOWED): Eugene Brown	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No	
SOCIAL SECURITY NUMBER: 451-12-5796	USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker		KIND OF BUSINESS OR INDUSTRY: Home		
RESIDENCE—STATE: Oregon	COUNTY: Klamath	CITY, TOWN, OR LOCATION: Crescent	STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 80 97733	Inside City Limits (specify yes or no): No	
FATHER NAME first middle last: Austin Cleo Johnson	MOTHER first middle last (Maiden Name): Edna Mae Redner		INFORMANT NAME and relationship to deceased: Donna Brown (Daughter)		
BURIAL, CREMATION, REMOVAL, MAUS (Specify): Burial	CEMETERY OR CREMATORY NAME: Pilot Butte Cemetery		LOCATION city or town, state: Bend, Oregon		
FUNERAL SERVICE LICENSEE (or Person Acting As Such) (Signature): Eugene Tabor	NAME AND ADDRESS OF FACILITY: TABOR'S Desert Hills MORTUARY 1441 N.E. FORBES RD. BEND, OR 97701				

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): Richard A. Woods, M.D. — DATE SIGNED (Mo., Day, Yr.): 4-28-84 — HOUR OF DEATH: 8:00 P. M

NAME AND ADDRESS OF CERTIFIER (Type or Print): 21d Richard H. Woods, M.D. 1501 N.E. Medical Center Dr. - Bend, Oregon 97701

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22a 5-1-84 — REGISTRAR: 22b (Signature) Jacqueline Mathis, Dep. Registrar

PART I — IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		Interval between onset and death
(a)	Acute and chronic congestive heart failure	years
DUE TO, OR AS A CONSEQUENCE OF: (b)	Ischemic heart disease	years
DUE TO, OR AS A CONSEQUENCE OF: (c)		years

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

AUTOPSY (Specify Yes or No): 24 No — WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): 25 No

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

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

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON, COUNTY OF DESCHUTES

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.

NOT VALID WITHOUT RAISED SEAL OF
DESCHUTES COUNTY HEALTH DEPARTMENT

Jacqueline Mathis, Deputy Registrar
JACQUELINE MATHIS, DEPUTY REGISTRAR

May 1, 1984
DATE

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 8th day of June A.D., 1984 at 10:10 o'clock A M, and duly recorded in Vol M84 of Deeds on page 9645.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: $ 4.00

Return: Donna M. Brown 5414 Ruthwood Dr. Calabasas, Ca. 91302