

46295

279

CERTIFICATE OF DEATH

DATE OF DEATH
DATE OF BIRTH
COUNTY OF DEATH
CITY, TOWN OR LOCATION OF DEATH
HOSPITAL OR OTHER INSTITUTION—NAME
(if not in either, give street and number)
SPOUSE (IF MARRIED, WIDOWED, DIVORCED, SEPARATED)
KIND OF BUSINESS OR INDUSTRY
STREET AND NUMBER OR R.F.D., ZIP
LOCATION city or town state
NAME AND ADDRESS OF FACILITY
NAME AND ADDRESS OF CERTIFIER (Type or Print)
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
REGISTRAR
DATE OF INJURY (Mo., Day, Yr.)
HOUR OF INJURY
DESCRIBE HOW INJURY OCCURRED
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
LOCATION
STREET OR R.F.D. NO. CITY OR TOWN STATE

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) Keith W. Harless, MD
21b August 27, 1978
21c 7:30 P.M.
21d Keith W. Harless, M.D., 1501 N.E. Medical Center Drive Bend, Oregon 97701
21e Richard H. Woods, M.D.
22a August 28, 1978
22b (Signature) Vivian M. Raycraft
23 IMMEDIATE CAUSE
[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]
(a) Cardiopulmonary arrest
DUE TO, OR AS A CONSEQUENCE OF:
(b) Atherosclerotic Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF:
(c) Osteoarthritis
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
Osteoarthritis
AUTOPSY [Specify—Yes or No] No
WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER
25 [Specify Yes or No] No
26a No
26b No
26c No
26d No
26e No
26f No
26g No

DECEASED—NAME			First			Middle			Last			State File Number		
1 <u>HARRIETT</u>			2 <u>LOUISE</u>			3 <u>PINNEY</u>			4 <u>Under 1 year</u>			5 <u>Under 1 day</u>		
6 <u>White</u>			7 <u>Female</u>			8 <u>88</u>			9 <u>mos</u>			10 <u>days</u>		
11 <u>White</u>			12 <u>Female</u>			13 <u>88</u>			14 <u>mos</u>			15 <u>days</u>		
16 <u>Deschutes</u>			17 <u>Bend</u>			18 <u>Central Oregon Health Care</u>			19 <u>Central Oregon Health Care</u>			20 <u>Central Oregon Health Care</u>		
21 <u>Deschutes</u>			22 <u>Bend</u>			23 <u>Central Oregon Health Care</u>			24 <u>Central Oregon Health Care</u>			25 <u>Central Oregon Health Care</u>		
26 <u>Deschutes</u>			27 <u>Bend</u>			28 <u>Central Oregon Health Care</u>			29 <u>Central Oregon Health Care</u>			30 <u>Central Oregon Health Care</u>		
31 <u>Deschutes</u>			32 <u>Bend</u>			33 <u>Central Oregon Health Care</u>			34 <u>Central Oregon Health Care</u>			35 <u>Central Oregon Health Care</u>		
36 <u>Deschutes</u>			37 <u>Bend</u>			38 <u>Central Oregon Health Care</u>			39 <u>Central Oregon Health Care</u>			40 <u>Central Oregon Health Care</u>		
41 <u>Deschutes</u>			42 <u>Bend</u>			43 <u>Central Oregon Health Care</u>			44 <u>Central Oregon Health Care</u>			45 <u>Central Oregon Health Care</u>		
46 <u>Deschutes</u>			47 <u>Bend</u>			48 <u>Central Oregon Health Care</u>			49 <u>Central Oregon Health Care</u>			50 <u>Central Oregon Health Care</u>		
51 <u>Deschutes</u>			52 <u>Bend</u>			53 <u>Central Oregon Health Care</u>			54 <u>Central Oregon Health Care</u>			55 <u>Central Oregon Health Care</u>		
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66 <u>Deschutes</u>			67 <u>Bend</u>			68 <u>Central Oregon Health Care</u>			69 <u>Central Oregon Health Care</u>			70 <u>Central Oregon Health Care</u>		
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