62725 '86 JUN 19 PM 2 17

Vol. M86 Page 10658

15953 ID TAG NO.

276 Local File Number

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

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED — NAME: First: Lila; Middle: Mae; Last: GARNER

2 DATE OF DEATH (month, day, year): June 17, 1986

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

4 SEX: Female

5a AGE — Last birthday (years): 73

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): October 17, 1912

7a CITY, TOWN OR LOCATION OF DEATH: Bend

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

7c IF HOSP OR INST: Indicate DOA, OP, Emer. Rm., Inpatient (specify): Inpatient

7d COUNTY OF DEATH: Deschutes

8 STATE OF BIRTH (If not in U.S.A. name country): Arkansas

9 CITIZEN OF WHAT COUNTRY: USA

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

11 SPOUSE (IF MARRIED, WIDOWED): Dowell

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 541-30-1363

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

14b KIND OF BUSINESS OR INDUSTRY: Own Home

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Crescent

15d STREET AND NUMBER OR R.F.D.: Riddle Road, Box 405 ZIP: 97737

15e Inside City Limits (specify yes or no): no

16 FATHER — NAME first middle last: Wylie Connell

17 MOTHER — first middle last (Maiden Name): Margaret

18 INFORMANT — NAME and relationship to deceased: Dowell Garner - Spouse

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY — NAME: Greenwood Memorial Cemetery

19c LOCATION — City or Town, State: Bend, Oregon

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]

20b NAME AND ADDRESS OF FACILITY: Niswonger-Reynolds, Inc., 105 N.W. Irving, Bend, Or.

CERTIFIER

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) Heidi A Dow MD

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)

21b DATE SIGNED (Mo., Day, Year): June 17, 1986

21c HOUR OF DEATH: 7:02 A M

21d Richard H. Woods M.D. 1501 N.E. Medical Center Drive, Bend, Or ZIP

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

21e DATE RECEIVED BY REGISTRAR (Mo., Day, Year): June 15, 1986

22a REGISTRAR

22b (Signature) Jacqueline Mathis Dep.

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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

PART I

(a) Acute Myocardial infarction — Interval between onset and death: 1 week

DUE TO, OR AS A CONSEQUENCE OF

(b) Chronic ischemic heart disease — Interval between onset and death: yrs

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).

Mitral insufficiency Diabetes mellitus

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Da., Year)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY (Specify Yes or No)	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
26a no	26b	26c M	26d	24 no	25 no

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 no	26f	26g		

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐

WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev. 1-86

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 DESCHUTES COUNTY HEALTH DEPARTMENT 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

June 18, 1986
DATE

NISWONGER-REYNOLDS, INC
P.O. Box 229
BEND, OR. 97709

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of June A.D., 19 86 at 2:17 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 10658 the 19th day

FEE $5.00

Evelyn Biehn County Clerk
By _____