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ID TAG NO. 272

Local File Number

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

Vol. M86 Page 11119

CERTIFICATE OF DEATH
ORS — 146

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

DECEDENT

DECEASED — NAME: 1 First: Jack; Middle; Last: LaGRANDE

State File Number

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

SEX: 4 Male

AGE — Last birthday (years): 5a 82; Under 1 year: mos 5b; Under 1 day: days / hours / min 5c

DATE OF DEATH (month, day, year): 2 June 15, 1986

CITY, TOWN OR LOCATION OF DEATH: 7a Bend

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

DATE OF BIRTH (month, day, year): 6 July 16, 1903

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

CITIZEN OF WHAT COUNTRY: 9 USA

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

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

COUNTY OF DEATH: 7d Deschutes

SOCIAL SECURITY NUMBER: 13 530-01-7274

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

SPOUSE (IF MARRIED, WIDOWED): 11 Florence

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

RESIDENCE — STATE: 15a Oregon

COUNTY: 15b Klamath

CITY, TOWN OR LOCATION: 15c Klamath Falls

KIND OF BUSINESS OR INDUSTRY: 14b Building

STREET AND NUMBER OR R.F.D.: 15d 1842 Lexington ZIP 97601

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

FATHER — NAME (first, middle, last): 16 Llewellyn Bartlett

MOTHER — (first, middle, last) (Maiden Name): 17 Della Mason

INFORMANT — NAME and relationship to deceased: 18 Florence LaGrande Wife

DISPOSITION

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

CEMETERY OR CREMATORY — NAME: 19b Eternal Hills Memorial Gardens

LOCATION (city or town, state): 19c Klamath Falls, Oregon 97601

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

NAME AND ADDRESS OF FACILITY: 20b O'Hair Funeral Chapel 515 Pine St. Klamath Falls, OR

CERTIFIER — MEDICAL EXAMINER

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

DEATH OCCURRED (Hour): 21a 9:25 A. M

THE DECEASED WAS PRONOUNCED DEAD (Month, Day, Year, Hour): 21b June 15, 1985 9:25 A. M

FROM: NATURAL CAUSES ☒ HOMICIDE ☐ ACCIDENT ☐ SUICIDE ☐ UNDETERMINED ☐ PENDING ☐

CERTIFIER (Signature): 21d Steve Knapp MD

NAME AND TITLE — (Type or Print): 21e Stephen L. Knapp, M.D.

MEDICAL EXAMINER For: 21f Deschutes County

DATE SIGNED (Month, Day, Year): 21g June 15, 1986

DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 22a June 16, 1986

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) Ruptured dissection of Abdominal Aortic Aneurysm

DUE TO, OR AS A CONSEQUENCE OF (b):

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)

Interval between onset and death

DATE OF INJURY (Month, Day, Year): 25a

HOUR: 25b

HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23): 25c

Interval between onset and death

INJ. AT WORK (Specify Yes or No): 25d

PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify): 25e

LOCATION (Street or R.F.D. No., City or Town, County, State): 25f

AUTOPSY (Specify Yes or No): 24 no

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

45-107 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 23, 1986
DATE

$5.00 cash

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of June of A.D., 19 86 at 2:59 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 11119 the 25TH day

FEE $5.00

Evelyn Biehn, County Clerk

By [signature]

Ret: Florence LaGrande 1842 Lexington, Klamath Falls, Oregon 97601