65932

A 9138

ID TAG NO. 405

Local File Number

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

Vol M86 Page 16570

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED — NAME: First: Clarence; Middle: Haines; Last: PATTERSON

State File Number

2 DATE OF DEATH (month, day, year): September 9, 1986

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

4 SEX: Male

5a AGE — Last birthday (years): 70

5b Under 1 year: mos. / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): June 24, 1916

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): New York

9 CITIZEN OF WHAT COUNTRY: USA

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

11 SPOUSE (IF MARRIED, WIDOWED): Aletha

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

13 SOCIAL SECURITY NUMBER: 071-07-3951

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

14b KIND OF BUSINESS OR INDUSTRY: Manufacturing

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Gilchrist

15d STREET AND NUMBER OR R.F.D.: Two Rivers Rd. & Welch Ave. ZIP: 97737

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

16 FATHER — NAME first middle last: Issac Patterson

17 MOTHER — first middle last (Maiden Name): Bessie Hansey

18 INFORMANT — NAME and relationship to deceased: Aletha Patterson - Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, BAUS (specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Central Oregon Cremation Association

19c LOCATION city or town, state: Bend, Oregon

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): David Cagley

20b NAME AND ADDRESS OF FACILITY: Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, OR 97701

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): MD

21b DATE SIGNED (Mo., Day, Year): September 9, 1986

21c HOUR OF DEATH: 8:40 A.M. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Michael Harris, M.D., 515 N.E. 4th Bend, OR 97701

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

ZIP:

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): September 10, 1986

22b REGISTRAR (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) RESPIRATORY FAILURE — Interval between onset and death: 2 MONTHS

DUE TO, OR AS A CONSEQUENCE OF:

(b) PULMONARY EMBOLI — Interval between onset and death: 2½ MONTHS

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): COPD / PNEUMONIA

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Year)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY (Specify Yes or No)	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
26a no	25b	26c M	26d	24 no	25 no
INJURY AT WORK (Specify Yes or No) 26e no	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO.	CITY OR TOWN	STATE

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

'86 SEP 15 AM 10 11

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

September 10, 1986

DATE

Ret:
NISWONGER-REYNOLDS, INC
P.O. Box 220
BEND, OR. 97709

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of September A.D., 19 86 at 10:11 o'clock A M., and duly recorded in Vol. M86, of Deeds on Page 16570. the 15th day

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith