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ID TAG NO.U1780  
Local File Number

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

Vol M87 Page 10205

## CERTIFICATE OF DEATH

State File Number

DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
Betty		E.		BOSSE				November 1, 1986	
RACE (White, Black, American Indian, etc. (specify))		SEX		AGE - Last birthday (years)		Under 1 year		Under 1 day	
White		Female		75		5b mos. days		5c hours min.	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)		IF HOSP. OR INST. indicate DOA, OP/Emer. Rm., Inpatient (specify)		COUNTY OF DEATH		DATE OF BIRTH (month, day, year)	
Eugene		1596 Westover Drive		7c -		Lane		June 21, 1911	
STATE OF BIRTH (if not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
Nebraska		U.S.A.		Married		Jack F.		No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
543-52-3184		Homemaker		Own Home					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
Oregon		Lane		Eugene		1596 Westover Drive		97403	
FATHER - NAME		MOTHER - NAME		INFORMANT - NAME and relationship to deceased					
Harry H. Everett		Martha - Hargreaves		Jack F. Bosse-Husband					
BURNAL CREMATION, REMOVAL, MALE (specify)		CEMETERY OR CREMATORY - NAME		LOCATION		city or town		state	
Cremation		Poole-Larsen Crematorium		Eugene, Oregon					
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY							
20a -		20b Poole-Larsen 1100 Charnelton Eugene, Ore 97401							
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated:		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH					
21a (Signature) - Winston E. Maxwell		21b 11-3-86		21c 9:15 A.M.					
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)									
21d WINSTON E. MAXWELL, M.D.		633 E. 11th. Eugene, OR		97401					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e		DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR					
22a Nov. 3 1986		22b (Signature) - Marjorie McKain, Deputy							
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)									
(a) arteriosclerotic heart disease									
DUE TO OR AS A CONSEQUENCE OF									
(b) congestive heart failure									
DUE TO OR AS A CONSEQUENCE OF									
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
23a emphysema		24 No		25 No					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a		26b		26c		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					
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		WAS GIFT MADE?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>			
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 6-86

STATE OF OREGON, COUNTY OF LANE

DATE November 3, 1986

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A  
RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION.

Registrar of Vital Statistics

By Marjorie McKain  
Deputy Registrar

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 12th day  
of June A.D. 19 87 at 12:47 o'clock P.M., and duly recorded in Vol. M87  
of Deeds on Page 10205

Evelyn Biehn, County Clerk  
By Tam Smith

FEE \$5.00

87 JUN 12 PM 12:47