77556

28311 ID TAG NO.

297 Local File Number

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

Vol M87 Page 13647

CERTIFICATE OF DEATH

State File Number

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: Evelyn; Middle: —; Last: REEVE
2. DATE OF DEATH (month, day, year): June 22, 1987
3. RACE (White, Black, American Indian, etc. (Specify)): White
4. SEX: Female
5a. AGE — Last Birthday (years): 77
5b. Under 1 year: months / days
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): February 27, 1910
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 or Emer. Rm., Inpatient (Specify): Inpatient
7d. COUNTY OF DEATH: Deschutes
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (If married, widowed): Clarence
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no): no
13. SOCIAL SECURITY NUMBER: 540-09-6741
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner/Operator
14b. KIND OF BUSINESS OR INDUSTRY: Retail Store
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Deschutes
15c. CITY, TOWN OR LOCATION: LaPine
15d. STREET AND NUMBER OR R.F.D.: Foss Road & Hwy 97
15e. ZIP: 97739
15f. Inside City Limits? (Specify yes or no): no
16. FATHER — NAME (first, middle, last): Pearl Lynes
17. MOTHER — NAME (first, middle, last, maiden name): Mildred Baldwin
18. INFORMANT — NAME and relationship to deceased: Clarence Reeve (Husband)

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Mausoleum
19b. CEMETERY OR CREMATORY — NAME: Greenwood Memorial Mausoleum
19c. LOCATION — City or town, State: Bend Oregon
20. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): Darrell Cagley
20a. NAME AND ADDRESS OF FACILITY: Niswonger-Reynolds Inc. 105 N.W. Irving Bend, Oregon
20b. DATE SIGNED (Mo., Day, Year): 6/22/87
20c. HOUR OF DEATH: 0815

CERTIFIER

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 M.D.
21b. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Keith W. Harless, M.D. 1501 N.E. Medical Center Drive Bend Oregon 97701
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): June 23, 1987
22b. REGISTRAR (Signature): Jacqueline Mathis, Dep.

CAUSE OF DEATH

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
PART I (a) Respiratory Arrest
DUE TO OR AS A CONSEQUENCE OF (b) Emphysema — Interval between onset and death: Minutes
DUE TO OR AS A CONSEQUENCE OF (c) Cancer Lung — Interval between onset and death: 4 years
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I(a). — Interval between onset and death: 4 years
Arteriosclerosis

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	26b.	26c.	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

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

Viki Lamont Deputy Registrar
VIKI LAMONT, DEPUTY REGISTRAR

July 6
DATE 1987

'87 JUL 30 PM 2 28

Return: Jim Lynes
910 Fir St.
Mad River, Oreg.
97031

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Company the 30th day of July A.D., 19 87 at 2:28 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 13647.

FEE $5.00

Evelyn Biehn, County Clerk
By