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STATE OF OREGON

OREGON STATE HEALTH DIVISION

DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

Vol. M87 Page 19709

CERTIFICATE OF DEATH

Local File Number

State File Number

| | | | | | | | | | |
|--|--|--|--|---|--|----------------------------------|--|---|--|
| DECEASED—NAME | | First | | Middle | | Last | | DATE OF DEATH (month, day, year) | |
| ORPHA | | SCONCHIN | | PEREZ | | | | July 22, 1984 | |
| RACE: White, Black, American Indian, etc. (specify) | | SEX | | AGE—Last birthday (year) | | Under 1 day | | DATE OF BIRTH (month, day, year) | |
| American Indian | | Female | | 69 | | | | April 3, 1915 | |
| CITY, TOWN OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—NAME (If not in other, give street and number) | | F HOSP. OR INST. indicate DOA: CE Emer. Rm. Inpatient (Specify) | | 72 Emer. Room | | COUNTY OF DEATH | |
| Portland | | Adventist Hospital | | | | | | Multnomah | |
| 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) | |
| Oregon | | U.S.A. | | Married | | Casimiro | | No | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | KIND OF BUSINESS OR INDUSTRY | | | | | |
| 544-48-8153 | | Homemaker | | 914961 | | Home | | | |
| RESIDENCE—STATE | | COUNTY | | CITY, TOWN, OR LOCATION | | STREET AND NUMBER OR R.F.D., ZIP | | Inside City Limits (specify Yes or No) | |
| Oregon | | Multnomah | | Gresham | | 715 S.E. 207th | | Yes | |
| FATHER—NAME | | MOTHER—NAME | | INFORMANT—NAME and relationship to decedent | | | | | |
| Guy | | Martha | | Casimiro Perez, husband | | | | | |
| BURIAL, CREMATION, REMOVAL, MAUS. (specify) | | CEMETERY OR CREMATORY—NAME | | LOCATION | | City or town | | state | |
| Burial | | Chief Sconchin Cemetery | | Klamath Falls, Oregon | | | | | |
| FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature) | | NAME AND ADDRESS OF FACILITY | | | | | | | |
| Gary L. Doty, M.D. | | Holman's Funeral Service, 2610 SE Hawthorne, Portland, Or. | | | | | | | |
| To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. | | DATE SIGNED (Month, Day, Year) | | HOUR OF DEATH | | | | | |
| 21a (Signature) Gordon L. Doty, M.D. | | 7/23/84 | | 1:45 A.M. | | | | | |
| NAME AND ADDRESS OF CERTIFIER (Type or Print) | | 21d: Gordon L. Doty, M.D., 510 N.E. 49th Portland, Oregon 97213 | | | | | | | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | | | | | | |
| DATE RECEIVED BY REGISTRAR (Month, Day, Year) | | REGISTRAR | | | | | | | |
| JUL 25 1984 | | Arthur W. Bloom | | | | | | | |
| 23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | | | | | |
| PART I (a) Carcinoma of cecum with hepatic metastasis | | | | | | | | Interval between onset and death 15 months | |
| DUE TO: OR AS A CONSEQUENCE OF | | | | | | | | Interval between onset and death | |
| (b) DUE TO: OR AS A CONSEQUENCE OF | | | | | | | | Interval between onset and death | |
| (c) DUE TO: OR AS A CONSEQUENCE OF | | | | | | | | Interval between onset and death | |
| 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) | | | | | |
| Diabetes mellitus | | No | | Yes | | | | | |
| ACCIDENT (Specify Yes or No) | | DATE OF INJURY (Month, Day, Year) | | HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | | | |
| 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 | |
| No | | | | | | | | | |

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF MULTNOMAH

Date AUG 3 1984

45.2 REV. 12-83

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.



Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

Return to: Glen Ramirez, Attorney
513 Walnut Avenue
Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Company the 30th day of October A.D., 19 87 at 3:36 o'clock P.M., and duly recorded in Vol. M87 of Deeds on Page 19709

FEE \$5.00

Evelyn Biehn, County Clerk
By [Signature]

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