CERTIFICATION OF VITAL RECORD

ATE S 3831

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

83728

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

CERTIFICATE OF DEATH

A2897 — ID TAG NO.

Local File Number — State File Number

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

DECEDENT

1. DECEASED — NAME: First: Kathleen; Middle: Irene; Last: BURCH
2. DATE OF DEATH (Month, day, year): November 14, 1986
3. RACE (White, Black, American Indian, etc.) (Specify): White
4. SEX: Female
5a. AGE — Last Birthday (Years): 72
5b. Under 1 year — months / days
5c. Under 1 day — hours / min.
6. DATE OF BIRTH (Month, day, year): June 09, 1914
7a. CITY, TOWN OR LOCATION OF DEATH: Oregon City
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Willamette Falls Hospital
7c. If Hosp. or Inst. Indicate DOA, OP (Emer. Rm., Inpatient) (Specify): Inpatient
7d. COUNTY OF DEATH: Clackamas
8. STATE OF BIRTH (If not in U.S.A., name country): Indiana
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (If married, widowed): Ray
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no): No
13. SOCIAL SECURITY NUMBER: 553-14-9347
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
14b. KIND OF BUSINESS OR INDUSTRY: Own Home
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Clackamas
15c. CITY, TOWN OR LOCATION: Clackamas
16a. STREET AND NUMBER OR R.F.D.: 13640 SE Hwy 212 Sp. 56
ZIP: 97015
15d. Inside City Limits (Specify yes or no): NO
17. FATHER — NAME first middle last: Hershel Bags
18. MOTHER — first middle last (Maiden Name): Margaret Middelton
19. INFORMANT — NAME and relationship to deceased: Ray Burch - Husband

DISPOSITION

16b. BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation
16c. CEMETERY OR CREMATORY — NAME: Valley Crematorium
16d. LOCATION city or town, state: Woodburn, Oregon 97222
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature): Mike Elliott
20b. NAME AND ADDRESS OF FACILITY: Telophase Society of America 10952 21st ST Milwaukie OR

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.
21b. DATE SIGNED (Mo., Day, Year):
21c. HOUR OF DEATH: 9:59 AM
21a. (Signature) and ADDRESS OF CERTIFIER (Type or Print): George Edwards MD 545 NE 47th Portland, Oregon 97213
ZIP:
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): NOV 24 1986
22b. REGISTRAR (Signature): Joseph D. Carney

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

CAUSE OF DEATH

PART I
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR PARTS (a) AND (b).)
(a) Renal failure — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Interstitial Pulmonary Fibrosis — Interval between onset and death
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)
24. AUTOPSY (Specify Yes or No): NO
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): NO

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

DID HOSPITAL REPRESENTATIVE (EAMES REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐
WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

NOV 24 1986
DATE ISSUED

Joseph D. Carney
JOSEPH D. CARNEY
STATE REGISTRAR

STATE OF OREGON 1859

OREGON STATE HEALTH DIVISION

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow, Inc. the 22nd day of January A.D., 19 88 at 10:57 o'clock A M., and duly recorded in Vol. M88, of Deeds on Page 1089.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00
Ret: Ray B. Burch 13640 S.E. Hwy. 212, Sp. 56 Clackamas, Oregon 97015