7 | 23615 I.D. TAG NO. | 67 Local File Number | 84399

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

0140226
136- Vol. M88 Page 2206
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Elliott | Middle: Willard | Last: CEDARLEAF
2. SEX: m
3. DATE OF DEATH (Month, Day, Year): February 1, 1988
4. SOCIAL SECURITY NUMBER: 348-10-7744
5a. AGE - Last Birthday (Years): 69
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
7. DATE OF BIRTH (Month, Day, Year): April 13, 1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
5a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Charles Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Bend
9d. COUNTY OF DEATH: Deschutes
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Real Estate Broker
10b. KIND OF BUSINESS/INDUSTRY: Real Estate Sales
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Viola
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: Rt. 3, Box 201
13a. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 | College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Godfrey - Cedarleaf
18. MOTHER - NAME first middle maiden: Edith - Lovblad
19. INFORMANT - NAME and relationship to deceased: Viola S. Cedarleaf, wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b. LICENSE NUMBER (Of Licensee): 47 3104
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
23. TIME OF DEATH: 12:15 AM
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
25. To the best of my knowledge death occurred at the time, date, place and due to the cause(s) stated. (Signature): Robert F. Boone MD
26. DATE SIGNED (Month, Day, Year): February 1 1988

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
27a. TIME OF DEATH
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29. DATE SIGNED (Month, Day, Year) COUNTY

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert F. Boone M.D. 1501 N.E. Medical Center Drive, Bend, OR 97701
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

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

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I (a) ACUTE LEUKEMIA — Interval between onset and death: 3 months
(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 1 (a): INSULIN DEPENDENT DIABETES
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?
35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY
36c. INJURY AT WORK? ☐ Yes ☒ No
36d. DESCRIBE HOW INJURY occurred
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRAR

37. REGISTRAR'S SIGNATURE: Jacqueline Mathis, Dep
38. DATE FILED (Month, Day, Year): Feb. 12, 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A
40. WAS GIFT MADE? ☒ YES ☐ NO ☐ N/A
RESERVED FOR REGISTRAR'S USE

ORIGINAL--VITAL STATISTICS COPY

45-2 REV. 1-88

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

February 12, 1988
DATE

Cash 5.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Viola Cedarleaf the 16th day of February A.D., 19 88 at 3:16 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 2206.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith

Ret: Viola S. Cedarleaf Rt. 3, Box 201 Klamath Falls, Oregon 97601

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