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I.D. TAG NO.

00380

Local File Number:

MTC-12180 EC
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vol. M88 Page 5467

Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: Fillmore Middle: Samuel Last: NIDA			2. SEX M	3. DATE OF DEATH (Month, Day, Year) March 19, 1988	
4. SOCIAL SECURITY NUMBER 543-10-4948	5a. AGE - Last Birthday (Years) 69	5b. UNDER 1 YEAR Mos. Days Hours Mins.	5c. UNDER 1 DAY Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Portland, Oregon	7. DATE OF BIRTH (Month, Day, Year) October 4, 1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) Sacred Heart General Hospital			9c. CITY, TOWN, OR LOCATION OF DEATH Eugene		9d. COUNTY OF DEATH Lane
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Lumber Grader		10b. KIND OF BUSINESS/INDUSTRY Saw Mill		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Leita					
13a. RESIDENCE - STATE Oregon		13b. COUNTY Curry		13c. CITY, TOWN, OR LOCATION Brookings	
13d. STREET AND NUMBER 98126 Olsen Lane					
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97415		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10th College (1-4 or 5+)			
17. FATHER - NAME first middle last Samuel Nida			18. MOTHER - NAME first middle maiden Josephine Beck		19. INFORMANT - NAME and relationship to deceased Leita A. Nida, Spouse
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Hillcrest Crematory			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hillcrest Crematory		20c. LOCATION - City or Town, State Grants Pass, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>			21b. LICENSE NUMBER (Of Licensee) 3478		22. NAME, ADDRESS AND ZIP OF FACILITY Azalea Chapel Funeral Directors 2 Ross Rd., POB 847, Brookings, OR. 97415
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
23. TIME OF DEATH 0651 hrs. M		24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>Jerold A. Hawn</i>					
26. DATE SIGNED (Month, Day, Year) 3.21.88					
27. 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) Jerold A. Hawn, M.D., P.C., 677 E 12th Ave, Suite 540, Eugene OR 97401					
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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 1 (a) <i>Shock</i>				Interval between onset and death 6 hrs	
(b) <i>Acute Myocardial Infarct</i>				Interval between onset and death 10 hrs	
(c) <i>Coronary Atherosclerosis</i>				Interval between onset and death 10 approx	
PART 2 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)				33. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		35a. DATE OF INJURY (Month, Day, Year)		35b. TIME OF INJURY M	
35c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35d. DESCRIBE HOW INJURY OCCURRED			
35e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		35f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
37. REGISTRAR'S SIGNATURE <i>[Signature]</i>			38. DATE FILED (Month, Day, Year) March 30, 1988		
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			40. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

45-2 REV. 1-88

STATE OF OREGON, COUNTY OF LANE

DATE March 30, 1988

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A
RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION.RETURN: DAVID FORTIER
P.O. Box 1043
BROOKINGS, OR 97415David L. White
Registrar of Vital StatisticsBy *[Signature]*
Deputy Registrar

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

5468

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 12th day
of April A.D., 19 88 at 8:44 o'clock AM., and duly recorded in Vol. M88
of Deeds on Page 5467.

FEE \$10.00

Evelyn Biehn County Clerk
By Bernetha D. Fetsch