CERTIFICATION OF VITAL RECORD

# OREGON STATE HEALTH DIVISION
## VITAL STATISTICS SECTION

87027

Vol. M88 Page 7110

MTC 19681-D

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

## CERTIFICATE OF DEATH

81-020216

Vital Records Unit

667 — Local File Number — State File Number

| | |
|---|---|
| 1 DECEDENT'S NAME | First: ADA Middle: BERNADETTE Last: MATHIS |
| 2 DATE OF DEATH (month, day, year) | December 12, 1981 |
| 3 RACE | White |
| 4 SEX | Female |
| 5a AGE—Last Birthday (years) | 65 |
| 5b Under 1 year: months | |
| 5c Under 1 day: hours / minutes | |
| 6 DATE OF BIRTH (month, day, year) | February 1, 1916 |
| 7a CITY, TOWN OR LOCATION OF DEATH | Roseburg |
| 7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) | Douglas Community Hosp. |
| 7c If HOSP OR INST indicate DOA, OP, Emer., Inp. Inpatient (Specify) | Inpatient |
| 7d COUNTY OF DEATH | Douglas |
| 8 STATE OF BIRTH (If not in U.S.A. name country) | Minnesota |
| 9 CITIZEN OF WHAT COUNTRY | U.S.A. |
| 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | Married |
| 11 SPOUSE (IF MARRIED, WIDOWED) | Robert Mathis |
| 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) | No |
| 13 SOCIAL SECURITY NUMBER | 541-48-4283 |
| 14a USUAL OCCUPATION (Give kind of work done during most of working life, even if not now) | House Wife |
| 14b KIND OF BUSINESS OR INDUSTRY | Own Home |
| 15a RESIDENCE—STATE | Oregon |
| 15b COUNTY | Douglas |
| 15c CITY, TOWN, OR LOCATION | Roseburg |
| 15d STREET AND NUMBER OR R.F.D., ZIP | Rt. 4 Box 7551 Lookingglass 97470 |
| 15e Inside City Limits (Specify yes or no) | No |
| 16 FATHER—NAME First middle last | Joseph Morache |
| 17 MOTHER—Maiden Name First middle last | Mary Hough |
| 18 INFORMANT—NAME and relationship to deceased | Robert Mathis Husband |
| 19a BURIAL, CREMATION, REMOVAL, TRANS. (Specify) | Burial |
| 19b CEMETERY OR CREMATORY—NAME | Roseburg Memorial Gardens |
| 19c LOCATION city or town state | Roseburg, Oregon |
| 20a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) | Ronald J. Hanlin |
| 20b NAME AND ADDRESS OF FACILITY | Wilson's Chapel of Roses Box 358 Roseburg, Oregon 97470 |
| 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Signature | |
| 21b DATE SIGNED (Mo., Day, Yr.) | 12/16/81 |
| 21c HOUR OF DEATH | 7:15a M |
| 21d NAME AND ADDRESS OF CERTIFIER (Type or Print) | Jo J. H. Lee, MD 1521 W. Harvard Blvd, Roseburg, Oregon 97470 |
| 21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | |
| 22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | December 17, 1981 |
| 22b REGISTRAR (Signature) | Thora Fitch |

PART I — CAUSE OF DEATH

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) — Interval between onset and death

(a) Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF:

(b) Rheumatic valvular Heart Disease

DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I(a)

Kidney failure secondary to congestive heart failure

AUTOPSY (Specify Yes or No): No

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): NO

| 26a ACCIDENT (Specify Yes or No) | 26b DATE OF INJURY (Mo., Day, Yr.) | 26c HOUR OF INJURY | 26d DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|
| No | | | |

| 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 |
|---|---|---|---|---|
| | | | | |

RESERVED FOR REGISTRAR'S USE

After recording return to:
Robert Mathis
7551 Lookinglass Rd
Roseburg OR 97601

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.

DATE ISSUED MAY 03 1988

Herbert L. Hirst
HERBERT L. HIRST
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Robert Mathis the 5th day of May A.D., 19 88 at 1:30 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 7110.

FEE $5.00

Evelyn Biehn County Clerk
By Bernetha D. Ketchi