CERTIFICATION OF VITAL RECORD

87076

13256 — I D TAG NO

F9 — Local File Number

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

136- — State File Number

Vol. M88 Page 7198

DECEDENT

1 DECEDENT'S NAME: First: Eloyce; Middle: May; Last: KING
2 SEX: F
3 DATE OF DEATH (Month, Day, Year): April 13, 1988
4 SOCIAL SECURITY NUMBER: 544-20-0552
5a AGE - Last Birthday (Years): 66
5b UNDER 1 YEAR: Mos. / Days
5c UNDER 1 DAY: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Stayton, Oregon
7 DATE OF BIRTH (Month, Day, Year): July 14, 1921
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a 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): 2437 Lewis Street
9c CITY, TOWN, OR LOCATION OF DEATH: North Bend
9d COUNTY OF DEATH: Coos

PARENTS

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Sales Clerk
10b KIND OF BUSINESS/INDUSTRY: Dept. Store
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): widowed
12 SPOUSE (If Married, Widowed): Robert
13a RESIDENCE - STATE: Oregon
13b COUNTY: Coos
13c CITY, TOWN, OR LOCATION: North Bend
13d STREET AND NUMBER: 2437 Lewis St.
13e INSIDE CITY LIMITS? ☒ Yes ☐ No
13f ZIP CODE: 97459
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+):
17 FATHER - NAME first middle last: Orin Alvan Reed
18 MOTHER - NAME first middle maiden: Anita Fowler
19 INFORMANT - NAME and relationship to deceased: Cheryl Clark, daughter

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): Sunset Memorial Park
20c LOCATION - City or Town, State: Coos Bay, Oregon
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b LICENSE NUMBER (Of Licensee): 3356
22 NAME, ADDRESS AND ZIP OF FACILITY: Coos Bay Chapel 97420, 685 Anderson St., Coos Bay, Oregon

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
23 TIME OF DEATH: 3:00 A M
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) [signature]
26 DATE SIGNED (Month, Day, Year): 4/13/88

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
27a TIME OF DEATH: M
27b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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): Christopher B. Hearne, M.D. 1750 Thompson Road, Coos Bay, OR 97420
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) ADENOCARCINOMA OF LUNG — Interval between onset and death: 4 MONTHS
DUE TO, OR AS A CONSEQUENCE OF: (b) — 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)
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 M
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: [signature]
38 DATE FILED (Month, Day, Year): April 15, 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

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE COOS COUNTY REGISTRAR.

DATE ISSUED April 19, 1988

G. R. Bassett
G. R. BASSETT, M.D.
COUNTY REGISTRAR
COOS COUNTY, OREGON

STATE OF OREGON 1889

COOS COUNTY HEALTH DEPARTMENT STATE OF OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dennis R. King the 6th day of May A.D., 19 88 at 2:14 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 7198.

Evelyn Biehn County Clerk
By Demetha Gletsch

FEE $5.00

Return to: Dennis R. King, P. O. Box 567, Jacksonville, OR 97530