CERTIFICATION OF VITAL RECORD

87654

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

Vol. M88 Page 8223

K-40585

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

81-000330

14 Local File Number

CERTIFICATE OF DEATH

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

DECEDENT

1. DECEASED—NAME: First: Peter; Middle: John; Last: La MIRANDE
2. DATE OF DEATH (month, day, year): January 7, 1981
3. RACE (White, Black, American Indian, etc. (Specify)): White
4. SEX: Male
5a. AGE—Last Birthday (years): 50
5b. Under 1 year: mos. / days
5c. Under 1 day: hrs. / min.
6. DATE OF BIRTH (month, day, year): November 9, 1930
7a. CITY, TOWN OR LOCATION OF DEATH: Bend
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): St. Charles Medical Ctr.
7c. If HOSP OR INST indicate DOA, OP (Emer. Rm., Inpatient) (Specify): Inpatient
7d. COUNTY OF DEATH: Deschutes
8. STATE OF BIRTH (If not in U.S.A. name country): Michigan
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Nona M.
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13. SOCIAL SECURITY NUMBER: 374-28-6613
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Air Force
14b. KIND OF BUSINESS OR INDUSTRY: U.S. Goverment
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: LaPine
15d. STREET AND NUMBER OR R.F.D., ZIP: Star Rt. 1 Hackett Dr. 97739
15e. Inside City Limits (specify yes or no): No
16. FATHER—NAME first middle last: Peter Victor La Mirande
17. MOTHER—Maiden Name first middle last: Mary Johnson
18. INFORMANT—NAME and relationship to deceased: Nona M. La Mirande Wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Deschutes Memorial Gardens
19c. LOCATION city or town state: Bend Oregon
20a. FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature): Thomas C. Dow
20b. NAME AND ADDRESS OF FACILITY: Niswonger-Reynolds Inc. 105 N.W. Irving, Bend, Oregon 97

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.
21a. Signature: Jack H. Crosby
21b. DATE SIGNED (Mo. Day, Yr.): 1/8/81
21c. HOUR OF DEATH: 10:00 P. M
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Jack H. Crosby M.D. 1501 N.E. Medical Center Dr., Bend, Oregon 97701
21e. 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

22a. DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): January 8, 1981
22b. REGISTRAR (Signature): Vernon M. Kayser
23. IMMEDIATE CAUSE

PART I (a) Liver failure — Interval between onset and death: many years
(ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c))
DUE TO, OR AS A CONSEQUENCE OF (b) Cirrhosis — Interval between onset and death: many years
DUE TO, OR AS A CONSEQUENCE OF (c) Alcoholism — Interval between onset and death: many years

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Respiratory Arrest, Cor Pulmonale

24. AUTOPSY (Specify Yes or No): Yes
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No
26a. ACCIDENT (Specify Yes or No): No
26b. DATE OF INJURY (Mo. Day, Yr.):
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:

RECEIVED FOR REGISTRAR'S USE

'88 MAY 26 AM 10 58

Return to:
Bend Title Company
1195 NW Wall Street
Bend, Oregon 97701

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 09 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 Klamath County Title Co. the 26th day of May A.D., 19 88 at 10:58 o'clock A M., and duly recorded in Vol. M88, of Deeds on Page 8223.

FEE $5.00

Evelyn Biehn County Clerk
By Bernetha A. Letsch