OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

83-017887

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

Local File Number: 01550

DECEDENT

1 DECEASED—NAME: First: Albert; Middle: Lester; Last: PATRICK

2 DATE OF DEATH (month, day, year): October 20, 1983

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Male

5a AGE—Last Birthday (years): 60

5b Under 1 year: mos. / days

5c Under 1 day: hrs. / min.

6 DATE OF BIRTH (month, day, year): October 15, 1923

7a CITY, TOWN OR LOCATION OF DEATH: Eugene

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Sacred Heart Hospital

7c If Hosp or Inst: Indicate DOA, OP (Other Emerg. Treatment), Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Lane

8 STATE OF BIRTH (If not in U.S.A., name country): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Eldora Patrick

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): NO

13 SOCIAL SECURITY NUMBER: 543-18-8238

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Custodian

14b KIND OF BUSINESS OR INDUSTRY: School Dist. 4J

15a RESIDENCE—STATE: Oregon

15b COUNTY: Lane

15c CITY, TOWN, OR LOCATION: Eugene

15d STREET AND NUMBER OR R.F.D., ZIP: 3420 River Road 97404

15e Inside City Limits (specify yes or no): no

16 FATHER—NAME first middle last: Jesse Patrick

17 MOTHER—Maiden Name first middle last: Nell Marks

18 INFORMANT—NAME and relationship to deceased: Eldora Patrick, wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Lane Memorial Gardens

19c LOCATION city or town: Eugene; state: Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Lorie Mark Moore

20b NAME AND ADDRESS OF FACILITY: Chapel of Memories, 3745 W. 11th Ave., Eugene, Oregon 97402

1. 2. 147 3.

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] H.B. Johnston

21b DATE SIGNED (Mo., Day, Yr.): 10-24-83

21c HOUR OF DEATH: 10:23 P. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): H.B. Johnston, M.D., 633 E. 11th, Eugene, ORegon 97401

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): Oct. 25, 1983

22b REGISTRAR [Signature]: Marjorie DiLaing, Deputy

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART I (a) [illegible] — Interval between onset and death

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

4. 5. 10 6.

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

AUTOPSY (Specify Yes or No): no

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

ACCIDENT (Specify Yes or No)

26b DATE OF INJURY (Mo., Day, Yr.)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

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

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 JUN 28 1988

Edward J. Johnson

EDWARD J. JOHNSON II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

$5.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Grant Hawman the 12th day of July A.D., 19 88 at 2:50 o'clock P. M., and duly recorded in Vol. M88, of Deeds on Page 10969.

Evelyn Biehn, County Clerk

FEE $5.00

By Pauline Mullendore