

85291

B-7069
I.D. TAG NO.
371
Local File Number

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

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1. DECEDENT'S NAME: Janet Lucille LATHEN
 2. SEX: F
 3. DATE OF DEATH: July 9, 1988
 4. SOCIAL SECURITY NUMBER: 531-14-2605
 5a. AGE - Last Birthday: 66
 5b. UNDER 1 YEAR: Mos. Days Hours Min.
 5c. UNDER 1 DAY: Morn. Morn. Morn.
 6. BIRTHPLACE: Aberdeen, WA.
 7. DATE OF BIRTH: September 9, 1921
 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
 9. FACILITY NAME: Central Oregon Dist. Hospital
 10. DECEDENT'S USUAL OCCUPATION: Teacher
 11. MARITAL STATUS: Married
 12. SPOUSE: Warren F.
 13a. RESIDENCE - STATE: Oregon
 13b. COUNTY: Deschutes
 13c. CITY, TOWN, OR LOCATION: Redmond
 13d. STREET AND NUMBER: 655 N. Canyon
 14. WAS DECEDENT OF HISPANIC ORIGIN? No
 15. RACE: White
 16. DECEDENT'S EDUCATION: College (1-4 or 5+)
 17. FATHER: William E. Napper
 18. MOTHER: Gladys Lucille Doble
 19. INFORMANT: Warren F. Lathen Husband
 20a. METHOD OF DISPOSITION: Burial
 20b. PLACE OF DISPOSITION: Central Oregon Crem. Assoc.
 21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Kathleen L. Williams
 22. NAME, ADDRESS AND ZIP OF FACILITY: Redmond Memorial Chapel, 717 S. 6th Redmond, OR 97756
 23. TIME OF DEATH: 7:30 A.M.
 24. WAS MEDICAL EXAMINER NOTIFIED? Yes
 25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated.
 26. DATE SIGNED: July 9, 1988
 27a. TIME OF DEATH: M
 27b. DATE PRONOUNCED DEAD: 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.
 29. DATE SIGNED: M
 30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: Paula F. Ciesielski, M.D., 737 W. Cascade Redmond, OR 97756
 31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: Paula F. Ciesielski, M.D., 737 W. Cascade Redmond, OR 97756
 32. IMMEDIATE CAUSE: metastatic colon cancer
 33. AUTOPSY: No
 34. If YES were findings considered in determining cause of death?
 35. MANNER OF DEATH: Natural
 36a. DATE OF INJURY: M
 36b. TIME OF INJURY: M
 36c. INJURY AT WORK? 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)
 37. REGISTRAR'S SIGNATURE: Jacqueline Mathis, Deputy Registrar
 38. DATE FILED: July 11, 1988
 39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? No
 40. WAS GIFT MADE? No

88 JUL 15 PM 12 30

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON, COUNTY OF DESCHUTES
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE DESCHUTES COUNTY HEALTH DEPARTMENT AND IN MY OFFICIAL CARE AND CUSTODY.
NOT VALID WITHOUT RAISED SEAL OF DESCHUTES COUNTY HEALTH DEPARTMENT

Jacqueline Mathis, Deputy Registrar
DATE July 11, 1988

Ret: Redmond Memorial Chapel
717 S. 6th St.
Redmond, Or. 97756

STATE OF OREGON, County of Klamath ss.
Filed for record at request of:
Redmond Memorial Chapel
on this 15th day of July A.D. 1988
at 12:30 o'clock P.M. and duly recorded
in Vol. M88 of Deeds Page 11219
Evelyn Biehn County Clerk
By Julene Muller Deputy.
Fee, \$8.00

2/80