

30013

D-2326  
I.D. TAG NO.01342  
Local File NumberOREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

## CERTIFICATE OF DEATH

136-

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State File Number

1. DECEDENT'S NAME First: Theresa Middle: Janette Last: LESTER		2. SEX F	3. DATE OF DEATH (Month, Day, Year) July 19, 1988
4. SOCIAL SECURITY NUMBER 540-72-4463	5a. AGE - Last Birthday (Years) 33	5b. UNDER 1 YEAR Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Orville, California
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) Oct. 25, 1954	
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Private <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input checked="" type="checkbox"/> Other (Specify) Highway			
9b. FACILITY NAME (If not institution, give street & number) Highway 58, MP 18		9c. CITY, TOWN, OR LOCATION OF DEATH Dexter	
10a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Laborer		10b. KIND OF BUSINESS/INDUSTRY Oregon Asphaltic Paving	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) William	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 4356 Crawley Lane	
14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. ZIP CODE 97601	
16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		17. RACE American Indian, Black, White, etc. (Specify) White	
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (13-4 or 5+) 12		19. FATHER - NAME first middle last Richard D. Strong	
20. MOTHER - NAME first middle maiden Billie J. Moore		21. INFORMANT - NAME and relationship to decedent William R Lester - Husband	
22. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Lounsbury-Musgrove Crematory		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eugene, Oregon	
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Linda J. Butler		25. LICENSE NUMBER (Of Licensee) 0164	
26. NAME, ADDRESS AND ZIP OF FACILITY Lounsbury-Musgrove Mortuary 1152 Olive St. Eugene, OR 97401		27. TIME OF DEATH 2000hrs	
28. DATE OF DEATH July 19, 1988		29. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 2000hrs	
30. 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) L. Samuel Vickers M.D.		31. DATE SIGNED (Month, Day, Year) 7-20-88	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) L. Samuel Vickers MD, Lane County Medical Examiner, PO Box 368, Eugene, Lane Co., Ore.		33. COUNTY Lane	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE <u>AT A TIME</u> FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)			
PART I (a) Traumatic intracranial and intrathoracic injuries, due to, OR AS A CONSEQUENCE OF:			
(b) due to blunt impact to head and trunk, due to, OR AS A CONSEQUENCE OF:			
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			
36. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Homicide			
37. DATE OF INJURY (Month, Day, Year) July 19, 1988			
38. TIME OF INJURY 2000hrs			
39. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
40. DESCRIBE HOW INJURY OCCURRED She was struck by a truck, while working on highway construction.			
41. PLACE OF INJURY - At home, farm, store, factory, office building, etc. (Specify) Highway			
42. LOCATION (Street and Number or Rural Route Number, City or Town, State) Hwy 58, MP18, Dexter, Lane Co., Oregon.			
43. REGISTRAR'S SIGNATURE David L. White			
44. DATE FILED (Month, Day, Year) July 27, 1988			
45. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
46. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON, COUNTY OF LANE

45-2 REV 1-88

DATE July 27, 1988

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A  
RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION.  
STATE OF OREGON,  
County of Klamath ss.

Filed for record at request of:

Parks &amp; Ratliff

on this 3rd day of Aug. A.D. 1988  
at 3:31 o'clock P.M. and duly recorded  
in Vol. M88 of Deeds Page 12538  
Evelyn Biehn County Clerk

By Pauline Mulendore

Fee \$8.00

Deputy.

David L. White  
Registrar of Vital StatisticsBy [Signature]  
Deputy Registrar

THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

Return: Parks &amp; Ratliff

228 N. 7th, K.Falls, 97601