90762

Vol. M88 Page 13868

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

D-3028 I.D. TAG NO. | 136- State File Number | Local File Number

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME: First Gladys; Middle M.; Last ELLIOTT
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): May 28, 1988
4. SOCIAL SECURITY NUMBER: 572-03-7635
5a. AGE - Last Birthday (Years): 73
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Bridgeport, Nebraska
7. DATE OF BIRTH (Month, Day, Year): Febr. 7, 1915
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Canterbury Crest Nursing Home
9b. CITY, TOWN, OR LOCATION OF DEATH: Tigard
9d. COUNTY OF DEATH: Washington
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Home-Maker
10b. KIND OF BUSINESS/INDUSTRY: Own-Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Fred T. Elliott
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Chiloquin
13d. STREET AND NUMBER: HC 30 Box 127U
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97624
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+): 2

PARENTS

17. FATHER - NAME first middle last: George C. Adam
18. MOTHER - NAME first middle maiden: Winnefred Bruce
19. INFORMANT - NAME and relationship to deceased: Fred T. Elliott (Husband)

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Young's Crematory
20c. LOCATION - City or Town, State: Tigard, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: John S. Zumwalt
21b. LICENSE NUMBER (Of Licensee): 3015
22. NAME, ADDRESS AND ZIP OF FACILITY: Young's Funeral Home 97223, 11831 SW Pacific Hwy. Tigard, Oregon

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH
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)
26. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: 6:35 P M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): May 28, 1988 6:35 P 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) Larry Lewman M.D.
29. DATE SIGNED (Month, Day, Year): May 31, 1988
COUNTY: STATE OF OREGON
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): LARRY V. LEWMAN, M. D., STATE MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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) CEREBRAL INFARCTION — 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
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?

DISPOSITION PLACE

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
35a. DATE OF INJURY (Month, Day, Year)
35b. TIME OF INJURY
35c. INJURY AT WORK? ☐ Yes ☐ No
35d. DESCRIBE HOW INJURY OCCURRED
35e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
35f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRAR

37. REGISTRAR'S SIGNATURE: Herbert L. Hirst
38. DATE FILED (Month, Day, Year): JUN 2 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

'88 AUG 26 PM 3 32

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 09 1988

Herbert L. Hirst
HERBERT L. HIRST
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Fred Elliott the 26th day of Aug. A.D., 19 83 at 3:32 o'clock P.M., and duly recorded in Vol. M88, of Deeds on Page 13868.

EVELYN BIEHN, County Clerk
By Barbara Wiseman

FEE $8.00
Return: Fred Elliott
HC 30 Box 127U, Chiloquin, Or. 97624