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L.D. TAG NO.

546
Local File NumberOREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATHVol. m88 Page 18399

State File Number

1. DECEDENT'S NAME First: <u>Clarence</u> Middle: <u>Walton</u> Last: <u>REEVE</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>October 15, 1988</u>
4. SOCIAL SECURITY NUMBER <u>543-05-3598</u>		5a. AGE - Last Birthday (Years) <u>85</u>	5b. UNDER 1 YEAR Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. BIRTHPLACE (City and State or Foreign) <u>Giffard Township, MN</u>	
9a. FACILITY NAME (If not institution, give street and number) <u>16455 William Foss Road.</u>		7. DATE OF BIRTH (Month, Day, Year) <u>September 16, 1903</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Broker</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Real Estate</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>		12. SPOUSE (If Married, Widowed) <u>Leona May Reeve</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. CITY, TOWN, OR LOCATION OF DEATH <u>Lapine, Oregon</u>	
13c. STREET AND NUMBER <u>16544 William Foss Rd.</u>		13d. COUNTY OF DEATH <u>Deschutes</u>	
14. 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		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <u>8</u> College (11-4 or 5+)			
17. FATHER - NAME first middle last <u>Walter Hainseworth Reeve</u>		18. MOTHER - NAME first middle maiden <u>Effie Louise (Miller)</u>	
19. INFORMANT - NAME and relationship to deceased <u>Betty Kurtz (Daughter)</u>			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Pilot Butte Cemetery</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (Of Licensee) <u>0220</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Tabor's Desert Hills Mortuary</u> <u>1441 N.E. Forbes Rd. Bend, Oregon 97702</u>			
23. TIME OF DEATH <u>11:09 A.M.</u>			
24. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <u>[Signature]</u>			
26. DATE SIGNED (Month, Day, Year) <u>10/17/88</u>			
27. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Ivan R. Eastwood, M.D. 1501 N.E. Medical Cent. Dr. - Bend, OR. 97701</u>			
28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.			
(a) <u>Isolated cardiac arrhythmia</u>		Interval between onset and death <u>17 min</u>	
(b) <u>Ischemic heart disease</u>		Interval between onset and death <u>17 min</u>	
(c) <u>Other significant conditions - Conditions contributing to death but not related to cause given in Part I (a)</u>		Interval between onset and death <u>17 min</u>	
33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. If YES were findings considered in determining cause of death?	
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide		36a. DATE OF INJURY (Month, Day, Year)	
36b. TIME OF INJURY <u>M</u>		36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		36e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
37. REGISTRAR'S SIGNATURE <u>Jacqueline Mathis, Deputy Registrar</u>		38. DATE FILED (Month, Day, Year) <u>October 17, 1988</u>	
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-88

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
JACQUELINE MATHIS, DEPUTY REGISTRAR
October 17, 1988
DATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of C. W. Reeve Sub-Divisions the 31st day
of Oct. A.D., 19 88 at 1:01 o'clock P.M., and duly recorded in Vol. M88
of Deeds on Page 18399

FEE \$8.00

Ret: C.W. Reeve Sub-Divisions
Box 238, Lapine, Or. 97739

Evelyn Biehn, County Clerk
By Pauline Mullens

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