

CERTIFICATION OF VITAL RECORD

D-4871
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136

1. DECEDENT'S NAME First: Howard Middle: Richard Last: ROFF		2. SEX M	3. DATE OF DEATH (Month, Day, Year) February 1, 1989
4. SOCIAL SECURITY NUMBER 543-14-2220		5a. AGE - Last Birthday (Years) 65	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Susanville, CA.		7. DATE OF BIRTH (Month, Day, Year) September 13, 1923	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not Institution, give street and number) Veterans Administration Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Portland	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Auto mechanic		10b. KIND OF BUSINESS/INDUSTRY Garage Owner	
11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed, Divorced) Dorothy E. Roff	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Sprague River		13d. STREET AND NUMBER Box 22	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97639	
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) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 11		17. FATHER - NAME first middle last Archie Roff	
18. MOTHER - NAME first middle maiden Pearl Shadley		19. INFORMANT - NAME and relationship to deceased Dorothy E. Roff, spouse	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) River View Crematorium	
20c. LOCATION - City or Town, State Portland, Oregon		21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Joseph M. O'Leary	
21b. LICENSE NUMBER (Of Licensee) 3198		22. NAME, ADDRESS AND ZIP OF FACILITY HUSTAD FUNERAL HOME 7232 N. RICHMOND, PORTLAND, OR. 97203	
23. DATE FILED (Month, Day, Year) FEB 09 1989		24. REGISTRAR'S SIGNATURE Arthur W. Bloom	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
27. TIME OF DEATH 0840 M		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Robert DeFrang MD		30. DATE SIGNED (Month, Day, Year) 2/16/89	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert DeFrang MD 3181 SW Sam Jackson Rd Portland OR 97202		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) CLIFF DEVERNEY MD	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) CLIFF DEVERNEY MD		34. 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.) (a) sepsis (b) (D) clavicle osteomyelitis & foot gangrene (c) unknown	
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Diabetes		36. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
37. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		38. If YES was findings considered in determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		40. DATE OF INJURY (Month, Day, Year) M	
41a. DATE OF INJURY (Month, Day, Year) M		41b. TIME OF INJURY M	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED	
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED

FEB 09 1989

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dorothy Roff the 6th day of March A.D. 19 89 at 3:20 o'clock P.M., and duly recorded in Vol. M89 of Deeds on Page 3839.

FEE \$8.00

Return: Dorothy Roff

Box 22, Sprague River, Or. 97639

Evelyn Biehn

County Clerk

By Dorothy Roff