99413

39314
1.0. TAC NO.
317-88
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

136- State File Number

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DECEDENT

1. DECEDENT'S NAME: First: Bobbye; Middle: Irene; Last: POTTS
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): May 25, 1988
4. SOCIAL SECURITY NUMBER: 540-50-1496
5a. AGE - Last Birthday (Years): 72
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Red Bluff, Calif.
7. DATE OF BIRTH (Month, Day, Year): January 22, 1916
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Decedent's Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 754 NE Madrone Street
9c. CITY, TOWN, OR LOCATION OF DEATH: Grants Pass
9d. COUNTY OF DEATH: Josephine
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Eugene
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Josephine
13c. CITY, TOWN, OR LOCATION: Grants Pass
13d. STREET AND NUMBER: 754 N.E. Madrone Street
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97526
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+):

PARENTS

17. FATHER - NAME first, middle, last: Edward E. Michael
18. MOTHER - NAME first, middle, maiden: Nancy Ellen Boyt
19. INFORMANT - NAME and relationship to deceased: Eugene Potts - Husband

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hawthorne Memorial Gardens
20c. LOCATION - City or Town, State: Grants Pass, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 3059
22. NAME, ADDRESS AND ZIP OF FACILITY: Slawson's Chapel Of The Valley, 97526 2065 Upper River Rd. Grants Pass, Ore.

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 9:30 P M
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): Peter F. Noyes
26. DATE SIGNED (Month, Day, Year): 5/31/88

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 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)
29. DATE SIGNED (Month, Day, Year) COUNTY

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Peter F. Noyes, M.D. 748 State Street, Medford, Oregon 97504
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

32. PART I: 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) Squamous Cell Ca of Pharynx - Metastatic — Interval between onset and death: 3 mths
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF: — 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?

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY M
36c. INJURY AT WORK? ☐ Yes ☐ 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)

REGISTRAR

37. REGISTRAR'S SIGNATURE: LaVerla J. Young
38. DATE FILED (Month, Day, Year): June 1, 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

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 1-88

'89 APR 25 AM 11 42

STATE OF OREGON — CERTIFIED COPY OF DEATH RECORD — COUNTY OF JOSEPHINE

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Josephine County Health Department.

(SEAL)
VOID IF ALTERED

DATE June 1, 1988

BY LaVerla J. Young
La Verla J. Young
Registrar of Vital Statistics
Josephine County

NOT VALID WITHOUT RAISED SEAL OF JOSEPHINE COUNTY HEALTH DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Eugene Potts the 25th day of April A.D., 19 89 at 11:42 o'clock A. M., and duly recorded in Vol. M89 of Deeds on Page 6930.

FEE $8.00
Return: Eugene Potts
754 N.E. Madrone, Grants Pass, Or. 97526

Evelyn Biehn - County Clerk
By [signature]