

2551

TYPE ON  
PRINT IN  
PERMANENT  
BLACK INKC 7289  
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATHVol. m89 Page 12800

Local File Number

136-

State File Number

1. DECEDENT'S NAME First: <u>Lorraine</u> Middle: <u>Teiko</u> Last: <u>CHARLES</u>			2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>June 13, 1989</u>
4. SOCIAL SECURITY NUMBER <u>550-62-6665</u>			5a. AGE - Last Birth Day <u>45</u>	5b. Under 1 Year Mos: <u>  </u> Days: <u>  </u> Yrs: <u>  </u> Mins: <u>  </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Honolulu, Hawaii</u>			7. DATE OF BIRTH (Month, Day, Year) <u>February 9, 1944</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> LOA <input type="checkbox"/> Other: <u>  </u>				
9b. FACILITY NAME (if not institution, give street and number) <u>Rogue Valley Medical Center</u>			9c. CITY, TOWN, OR LOCATION OF DEATH <u>Medford</u>	
9d. COUNTY OF DEATH <u>Jackson</u>				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work life. Do not use retired.) <u>School Teacher</u>			10b. KIND OF BUSINESS/INDUSTRY <u>Education</u>	
11. MARITAL STATUS - Married <u>Never Married, Widowed, Divorced (Specify)</u>			12. SPOUSE (if Married, Widowed, Divorced (Specify) <u>Robert</u>	
13a. RESIDENCE - STATE <u>Oregon</u>			13b. CITY, TOWN, OR LOCATION <u>Jacksonville</u>	
13c. STREET AND NUMBER <u>2100 Little Applegate Road</u>				
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify race or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: <u>Japanese</u>			15. RACE American Indian, Black, White, etc. (Specify) <u>Japanese</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary Secondary (12)</u>			17. COLLEGE (14 or 5-1) <u>4</u>	
17. FATHER - NAME first middle last <u>Clarence Mashita</u>			18. MOTHER - NAME first middle maiden <u>Toyoe</u>	
19. INFORMANT - NAME and relationship to decedent <u>Robert Charles - Husband</u>				
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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>Hillcrest Memorial Park and Crematory</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>John C. Oosterberg</u>			21b. LICENSE NUMBER (if Licensee) <u>1244</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Conger-Morris Funeral Directors 715 W. Main St. Medford, OR 97501</u>				
23. DATE FILED (Month, Day, Year) <u>6-15-89</u>			24. REGISTRAR'S SIGNATURE <u>Shirley McPherson</u>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL JET CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH <u>7:47 P.</u>			28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) <u>Richard K. Karchner, MD</u>				
30. DATE SIGNED (Month, Day, Year) <u>6/15/89</u>			31. DATE SIGNED (Month, Day, Year) <u>  </u>	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Richard K. Karchner, MD 1025 E. Main St. Medford, Oregon 97504</u>			33. NAME OF ATTENDING PHYSICIAN (Type or Print) <u>  </u>	
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE - EXEMPT FOR ALL AND 1 Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)				
PART I (a) <u>METASTATIC CANCER OF ESOPHAGUS</u>			Internal between onset and death <u>11/62</u>	
(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 <u>CANCER OF EPICLOUSIS TONSIL</u>				
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk			38. AUTOPSY <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) <u>  </u>	
41a. TIME OF INJURY <u>  </u>			41b. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>  </u>			41d. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>	

ORIGINAL - VITAL STATISTICS COPY

452 REV 1-89

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE JUN 20 1989

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY

REGISTRAR, VITAL STATISTICS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 13th day of July A.D., 19 89 at 9:41 o'clock A M., and duly recorded in Vol. M89 of Deeds on Page 12800.

Evelyn Biehn, County Clerk

By Dorlene M. M. M. M.

FEE \$8.00

After recording  
Return to  
Robert Charles  
2059 Roberts Road  
Medford, OR 97504