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I.D. TAG NO. 42932

Local File Number 254 MTC-21607

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

2567 — 136- State File Number

1. DECEDENT'S NAME First: Floy; Middle: Roberta; Last: EDGIL

2. SEX: F

3. DATE OF DEATH (Month, Day, Year): May 15, 1988

4. SOCIAL SECURITY NUMBER: 490-18-0906

5a. AGE - Last Birthday (Years): 66

5b. UNDER 1 YEAR Months: ; Days:

5c. UNDER 1 DAY Hours: ; Minutes:

6. BIRTHPLACE (City and State or Foreign Country): Holcomb, Missouri

7. DATE OF BIRTH (Month, Day, Year): Sept. 14, 1921

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): St. Charles Medical Center

9c. CITY, TOWN, OR LOCATION OF DEATH: Bend

9d. COUNTY OF DEATH: Deschutes

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): James G.

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Deschutes

13c. CITY, TOWN, OR LOCATION: LaPine

13d. STREET AND NUMBER: 51454 Jory Rd.

13e. INSIDE CITY LIMITS? ☐ Yes ☒ No

13f. ZIP CODE: 97739

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): ; College (1-4 or 5+): 2

17. FATHER - NAME first middle last: Homer McFarland

18. MOTHER - NAME first middle maiden: Floss Starnes

19. INFORMANT - NAME and relationship to deceased: James G. Edgil, Husband

20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Pilot Butte Cemetery

20c. LOCATION - City or Town, State: Bend, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ann L Reynolds

21b. LICENSE NUMBER (Of Licensee): 0087

22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, Or 97701

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 10:20 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) Richard H Woods MD

26. DATE SIGNED (Month, Day, Year): 5-17-88

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): Richard H. Woods M.D. 1501 N.E. Medical Center Dr, Bend, Or 97701

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) Malignant Neoplasm — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 13 years
- (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 W.O.W.? ☐ 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)

37. REGISTRAR'S SIGNATURE: Jacqueline Mathis, Dep

38. DATE FILED (Month, Day, Year): May 17, 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

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

May 17, 1988
DATE

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 12:25 o'clock PM., and duly recorded in Vol. M89 of Deeds on Page 12826.

FEE $8.00

Evelyn Biehn . County Clerk
By Deputy

RETURN: KEY ESCROW P.O. BOX 6178 BEND, OR 97708