M4C21479

E-5471
I.D. TAG NO.

992
Local File Number

136-
State File Number

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

1. DECEDENT'S NAME	First: Lelah	Middle: Mabel	Last: EVANS	2. SEX: F	3. DATE OF DEATH (Month, Day, Year): August 03, 1989
4. SOCIAL SECURITY NUMBER: 541-09-9571	5a. AGE (Years): 80	5b. Under 1 Year: Mos / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Portland, Oregon	7. DATE OF BIRTH (Month, Day, Year): September 28, 1908

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 Home ☒ Other (Specify): Foster Home

9b. FACILITY NAME (If not institution, give street and number): 17900 N.W. Fieldstone Dr.

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

9d. COUNTY OF DEATH: Washington

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): Widowed	12. SPOUSE (If Married, Widowed): William	
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Washington	13c. CITY, TOWN, OR LOCATION: Hillsboro	13d. STREET AND NUMBER: 1541 S.E. Spruce	
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 97123	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+):

17. FATHER - NAME first middle last: Walter Cleveland	18. MOTHER - NAME first middle maiden: Anna E. Noah	19. INFORMANT - NAME and relationship to deceased: William Evans Jr., Son
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Willamette Crematory	20c. LOCATION - City or Town, State: Tigard, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ronnie D. Morton	21b. LICENSE NUMBER (Of Licensee): 3253	22. NAME, ADDRESS AND ZIP OF FACILITY: Donelson, Sewell and Mathews Mortuary 171 NE Third Ave., Hillsboro, Or. 97124
23. DATE FILED (Month, Day, Year): AUG 11 1989		24. REGISTRAR'S SIGNATURE: Jeanne L. Bennett
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A		26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 11:30 P

28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ 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): [signature] MD

30. DATE SIGNED (Month, Day, Year): 8.7 89

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M

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)

33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): David Balmer M.D., 730 G S.E. Oak, Hillsboro, Oregon 97123

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

36. 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. Interval between onset and death

PART I
(a) DUE TO, OR AS A CONSEQUENCE OF: Respiratory Failure — Interval between onset and death: Hours
(b) DUE TO, OR AS A CONSEQUENCE OF: Acute on Chronic Hypoxia 2° COPD — Interval between onset and death: Hours
(c) DUE TO, OR AS A CONSEQUENCE OF: COPD — Interval between onset and death: Years

PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I. Peptic Ulcer disease

37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk	38. AUTOPSY ☐ Yes ☒ No	39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A	
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY: M	41c. INJURY AT WORK? ☐ Yes ☐ No
	41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	41d. DESCRIBE HOW INJURY OCCURRED	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

Return to: Wm Evans Jr.
1541 S.E. Spruce
Hillsboro, Oregon 97123

ORIGINAL — VITAL STATISTICS COPY

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

DATE ISSUED AUG 14 1989

Jeanne L. Bennett
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 18th day of Aug. A.D., 19 89 at 12:54 o'clock P.M., and duly recorded in Vol. M89 of Deeds on Page 15424.

Evelyn Biehn County Clerk
By Pauline Whitehouse

FEE $8.00