E 3345
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Eugene; Middle: Barry; Last: MONEYMAKER
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 6, 1989
4. SOCIAL SECURITY NUMBER: 415-28-7021
5a. AGE - Last Birthday (Years): 61
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Knoxville, TN
7. DATE OF BIRTH (Month, Day, Year): May 13, 1928
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)
9b. FACILITY NAME (If not institution, give street and number): Providence Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Medford
9d. COUNTY OF DEATH: Jackson
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Radiation Specialist
10b. KIND OF BUSINESS/INDUSTRY: State Government
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): A. Joyce
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: Harriman Rt. Box 73T
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97601
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+): 2

10/12/89 ☆☆

PARENTS

17. FATHER - NAME first middle last: Paul W. Moneymaker
18. MOTHER - NAME first middle maiden: Elizabeth Coon
19. INFORMANT - NAME and relationship to deceased: A. Joyce Moneymaker - Wife

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): Hillcrest Memorial Park and Crematory
20c. LOCATION - City or Town, State: Medford, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: John C Conaway
21b. LICENSE NUMBER (Of Licensee): 1244
22. NAME, ADDRESS AND ZIP OF FACILITY: Conger-Morris Funeral Directors 715 W. Main St. Medford, OR 97501
23. DATE FILED (Month, Day, Year): OCT 12 1989
24. REGISTRAR'S SIGNATURE: Selia Colvin
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☒ YES ☐ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 12:37 A.M
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)
30. DATE SIGNED (Month, Day, Year): 10/10/89

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): Michael F. Bonazzola, MD 1025 E. Main St. Medford, Oregon 97504
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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.

PART I
(a) Pneumonia — Interval between onset and death: days
DUE TO, OR AS A CONSEQUENCE OF:
(b) Severe cerebrovascular disease — Interval between onset and death: years
DUE TO, OR AS A CONSEQUENCE OF:
(c) generalized atherosclerosis — Interval between onset and death: years

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

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
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)

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

45-2 REV. 1-89

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

OCT 12 1989
DATE ISSUED

Henry Collins Jr
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

800

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of A. Joyce Moneymaker the 23rd day of Oct. A.D., 19 89 at 2:08 o'clock P.M., and duly recorded in Vol. M89, of Deeds on Page 20216.

Evelyn Biehn - County Clerk
By Darlene Mullendore

FEE $8.00
Return: A. Joyce Moneymaker
Harriman Rt. Box 73T, Klamath Falls, Or. 97601