13686

Vol. M90 Page 7176

TYPE OR PRINT IN PERMANENT BLACK INK

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

070410 I.D. TAG NO.
1981 Local File Number
136- State File Number

1. DECEDENT'S NAME	First: Robert	Middle: Chester	Last: ENGLE	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): December 27, 1989
4. SOCIAL SECURITY NUMBER: 477-18-5294	5a. AGE - Last Birthday (Years): 69	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Aberdeen, SD	7. DATE OF BIRTH (Month, Day, Year): December 22, 1920

8. Was DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

8a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number)	8c. CITY, TOWN, OR LOCATION OF DEATH	8d. COUNTY OF DEATH
4692 Herrin Rd. NE	Salem	Marion

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Entrepreneur	Self Employed	Married	Dolores

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER	
Oregon	Marion	Salem	4692 Herrin Rd. NE	
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No	13f. ZIP CODE: 97305	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes	15. RACE American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8 College (1-4 or 5+):

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased	
Simon P. Engle	Lenora A. Kaping	Clark Engle, 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)	20c. LOCATION - City or Town, State
	Restlawn Memory Gardens	Salem, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee): 2143	22. NAME, ADDRESS AND ZIP OF FACILITY: V.T. Golden Mortuary, Inc. 605 Com'l St. SE. Salem, OR 97301

23. DATE FILED (Month, Day, Year): JAN 2 1990

24. REGISTRAR'S SIGNATURE: Virginia D. McKinney

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		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH: 2:20 P. M	28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Robert Granatto, MD		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)	
30. DATE SIGNED (Month, Day, Year): December 29, 1989		33. DATE SIGNED (Month, Day, Year)	COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert Granatto M.D., 980 Oak St. S.E., Salem OR 97301

35. 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

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)	Carcinoma of the Esophagus.	Interval between onset and death: 8 mos.
(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 1.

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)

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ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

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

DATE ISSUED JAN 2 1990

Ruth A. Johnson

RUTH A. JOHNSON
COUNTY REGISTRAR
MARION COUNTY, OREGON

800

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dolores H. Engle the 18th day of April A.D., 19 90 at 11:39 o'clock A M., and duly recorded in Vol. M90, of Deeds on Page 7176.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $8.00

Return: Dolores H. Engle
4692 Herrin Rd. NE, Salem, Or. 97305