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CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

C-8066

I.D. TAG NO.

136-

State File Number

Local File Number		Last		2. SEX	3. DATE OF DEATH (Month, Day, Year)
1. DECEDENT'S NAME		GREENE		Female	October 2, 1989
4. SOCIAL SECURITY NUMBER		5a. AGE - Last Birthday (Years)	5b. Under 1 Year	5c. Under 1 Day	6. BIRTHPLACE (City and State or Foreign Country)
538-28-0511		56			Hillhead, South Dakota
7. DATE OF BIRTH (Month, Day, Year)		7. DATE OF BIRTH (Month, Day, Year)			
Sept. 21, 1933					
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> EROutpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. CITY, TOWN, OR LOCATION OF DEATH		9c. COUNTY OF DEATH			
Medford		Jackson			
10. FACILITY NAME (If not institution, give street and number)		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)			
610 Clark Street		Married			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		10b. KIND OF BUSINESS/INDUSTRY			
Homemaker		Own Home			
13a. RESIDENCE - STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION	
Oregon		Jackson		Medford	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)		15. RACE American Indian, Black, White, etc. (Specify)			
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		White			
16. DECEDENT'S EDUCATION (Specify only highest grade completed)		17. INFORMANT - NAME and relationship to decedent			
Elementary/Secondary (10-12) College (14 or 16)		Charles F. Greene - Husband			
18. FATHER - NAME first middle last		19. MOTHER - NAME first middle maiden			
Clarence Freiss		Bernice			
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)			
		Siskiyou Memorial Park			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. LICENSE NUMBER (Of Licensee)		22. NAME, ADDRESS AND ZIP OF FACILITY	
<i>Wendy J. Venable</i>		#3515		Perl Funeral Home	
23. DATE FILED (Month, Day, Year)		24. REGISTRAR'S SIGNATURE			
OCT 04 1989		<i>Selia Collins</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		26. WAS GIFT MADE?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
27. TIME OF DEATH		28. WAS MEDICAL EXAMINER NOTIFIED?			
3:00 P M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<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)		30. DATE SIGNED (Month, Day, Year)			
<i>Mario J. Campagna</i>		10-3-89			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
Mario J. Campagna, M.D., 2900 State Street, Medford, Oregon 97504					
33. 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:		Mental			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Gastric Cancer			
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.					
34. MANNER OF DEATH		35a. DATE OF INJURY (Month, Day, Year)		35b. TIME OF INJURY	
<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"/> Legal Intervention				M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		37. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
38. Did tobacco use contribute to the death?		39. AUTOPSY		40. YES were findings considered in determining cause of death?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
41. DESCRIBE HOW INJURY OCCURRED					

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.

DATE ISSUED OCT 04 1989

Henry Collins, Jr.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Charles Greene the 7th day
of May A.D., 19 90 at 12:56 o'clock P.M., and duly recorded in Vol. M90
of Deeds on Page 8631
By Evelyn Biehn, County Clerk
By *Pauline Mulendore*

FEE \$8.00

Return: Charles F. Greene
1742 Carlson, Klamath Falls, Or. 97603