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I.D. TAG NO.

233
Local File Number

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

136
State File Number

Vol M90 Page 10054

'90 MAY 25 PM 3 10

DECEDENT

1. DECEDENT'S NAME: First: Clyle; Middle: Carlton; Last: GREWELL
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 8, 1990
4. SOCIAL SECURITY NUMBER: 541-09-4188
5a. AGE - Last Birthday (Years): 77
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Smyrna Mills, ME
7. DATE OF BIRTH (Month, Day, Year): December 30, 1912
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): 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.): Engineer
10b. KIND OF BUSINESS/INDUSTRY: Bridge Construction
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Esther Grewell
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Chemult
13d. STREET AND NUMBER: P.O. Box 137
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97731
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+): 4

PARENTS

17. FATHER - NAME first middle last: Charley Marley
18. MOTHER - NAME first middle maiden: Edna - Miller
19. INFORMANT - NAME and relationship to deceased: Esther Grewell (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): Central Oregon Cremation Assoc.
20c. LOCATION - City or Town, State: Bend, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Tabor's Desert Hills Mortuary
21b. LICENSE NUMBER (Or Licensee): 3381
22. NAME, ADDRESS AND ZIP OF FACILITY: Tabor's Desert Hills Mortuary 1441 NE Forbes Ave.-Bend, Oregon 97701
23. DATE FILED (Month, Day, Year): May 10, 1990
24. REGISTRAR'S SIGNATURE: Jacqueline Mathis, Dep
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: 5:45 P.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): Richard H. Woods MD
30. DATE SIGNED (Month, Day, Year): 5-9-90
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Richard H. Woods, M.D 1501 N.E. Medical Center Dr. - Bend, Oregon 97701
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

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) DUE TO, OR AS A CONSEQUENCE OF: Advanced carcinoma of stomach — Interval between onset and death: 7 months
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death

PART II
(c) 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

45-2 REV. 1-89

ORIGINAL — VITAL STATISTICS COPY

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

DATE May 10, 1990

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Esther Grewell the 25th day of May A.D., 19 90 at 3:10 o'clock P.M., and duly recorded in Vol. M90, of Deeds on Page 10054.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00

Return: Esther Grewell
P.O. Box 137, Chemult, Or. 97731