Local File Number	7	Vit CERTI	ALTH DIVISION al Records Unit FICATE OF DE		7.00	State File Number		
NAME Arle		Middle E.	Las: HURL		2. SEX	3. DATE OF DEATH (Month, Day, Y		
4. SOCIAL SECURITY NUM	BER 5a. AGE · Last Bir	thday 5b. Under 1 Ye		6. BIRTHPLACE (CIV.	F od State or Food	April 5, 1990 gn 7. DATE OF BIRTH (Month, Day, Ye		
541-26-2188	1 6	8 Mos. Days	Hours Mins.	Willamina.	Oregon	September 4, 192		
B. WAS DECEDENT EVER IN U.S. ARMED FORCES?  ☐ Yes ※ No			9a, PLA	E OF DEATH (Check on	ly one)	<del></del>		
9b. FACILITY NAME (If not	Inpa Institution, give stree	tlent	A DOA	Nursing Home De	cedent's Home	Other (Specify)		
Sheridan Car	e Cepter	ŕ	30. 011	Sheridan	OF DEATH	9d. COUNTY OF DEAT		
10a. DECEDENT'S USUAL O	during most of war	10b. KIND OF B	BUSINESSANDUSTRY	III MADITAL	STATUS - Marris	ed, 12. SPOUSE (II Married, Widowed)		
iile. Do <u>not</u> use retired.) Homemaker	'	_		Never Ma Divorced	rried, Widowed, (Specify)	The state of the s		
	13b. COUNTY		IL HOME		rried	John Roy		
Oregon	Yamhill	I	Minnville	1	AND NUMBER Sheridar	. D		
13e. INSIDE CITY 13f. ZI LIMITS?	P CODE 14. V	WAS DECEDENT OF H	HERMAN CRICINA	15 BACE American In	dian,	18. DECEDENT'S EDUCATION		
□Yes (XNo S	7128	Specify No or Yes - If Mexican, Puerto Rican, Specify:	, etc.) A No Yes	Black, White, etc.	Elema	pecity only highest grade completed) intary/Secondary (0-12)   College (1-4 or		
17. FATHER - NAME first	middle i	ast 18. MOTHER - N	IAME first middle	Whit	-	1 2		
Theodore	Gillespi	Le Alı	na D	malden Onicht	19. INFORMAN	IT NAME and relationship to deceased		
20a. METHOD OF DISPOSIT			DISPOSITION (Name of	emetery, crematory, or		· City or Town, State		
☐ Burlal ☐ Cremation ☐ Donation ☐ Other (Sp		1	on Mon Dowl					
21a. SIGNATURE OF FUNEI PERSON ACTING AS S		SEE OR I	een Mem. Park		McMir	nnville, Oregon		
TENSION ACTING AS S	UCH AV		(Of Licensee)	22. NAME, ADDRESS	on: 135	ACILITY North Evance		
27. 1015	<u> </u>		0056	McMinnvill	Macy and Son; 135 North Evans McMinnville, OR 97128			
23. DATE FILEDYMONIN, Da	1. (1)	1000		24. REGISTRAR'S SIG	NATURE			
25. DID HOSPITAL REPRES	ENTATIVE MAKE RE	1770	MICAL GIFT CONSENT?	1 200	anas	Laylor		
☐ YES ☐ NO	K) NIA			26. WAS GIFT MADE		0		
			a					
27. TIME OF DEATH	OMPLETED BY CER	TIFYING PHYSICIAN EXAMINER NOTIFIED		TO BE CO	MPLETED ONLY	Y BY MEDICAL EXAMINER		
9:20 pm	☐ Yes X No	EXAMINER NOTIFIED	0?	11a. TIME OF DEATH	31b. DATE PRO	DNOUNCED DEAD (Month, Day, Year, H		
29. To the best of my know due to the cause(s) and	ledge death assume	ed at the time, date, pi	lace and	M. On the hasis of ever				
(Signature)		11		at the time, date, pl	ination and/or in ace and due to t	ivestigation, in my opinion death occurre the cause(s) and manner stated.		
D/MC/	11 1 122			(Signature)		daaso(s) biid maimer stated.		
30. DATE SIGNED (Month O	V V V v v v	meno	120	<b>•</b>		me causes and manner stated.		
/////	97) · (	grens		(Signature)  DATE SIGNED (Month)		COUNTY		
	97) · (	FIER/MEDICAL EXAMI		<b>•</b>				
34. NAME, TITLE, ADDRESS	AND ZIP OF CERTIF	M D . /20 -	NER (Type or Print)	DATE SIGNED (Month	i, Day, Year)			
34. NAME, TITLE, ADDRESS	AND ZIP OF CERTIF	M D . /20 -	NER (Type or Print)	DATE SIGNED (Month				
34. NAME, TITLE, ADDRESS  Dr. Michael  35. NAME OF ATTENDING P	AND ZIP OF CERTIF Stephens, HYSICIAN IF OTHER	M.D.; 420 F	NER (Type or Print)  E. 5th; McMin  Type or Print)	DATE SIGNED (Month	97128	COUNTY		
34. NAME, TITLE, ADDRESS  Dr. Michael  35. NAME OF ATTENDING F  36. IMMEDIATE CAUSE (ENT)  PART (a)	AND ZIP OF CERTIF Stephens, HYSICIAN IF OTHER	M.D.; 420 F	NER (Type or Print)  E. 5th; McMin  Type or Print)	DATE SIGNED (Month	97128	COUNTY		
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