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PRINT IN PERMANENT BLACK INK

15937
STATE I.D. TAG NO.

291
Local File Number

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

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Patricia | Middle: Lynn | Last: BONINE
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 6, 1990
4. SOCIAL SECURITY NUMBER: 541-70-8924
5a. AGE - Last Birthday (Years): 34
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Min.
6. BIRTHPLACE (City and State or Foreign Country): Eugene, OR
7. DATE OF BIRTH (Month, Day, Year): December 29, 1955
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8. 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.): Home Maker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Robert Bonine
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Deschutes
13c. CITY, TOWN, OR LOCATION: La Pine
13d. STREET AND NUMBER: Star Rt. 1 Box 1080
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97739
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): 12 | College (1-4 or 5+)

PARENTS

17. FATHER - NAME first middle last: Homer McClullogh
18. MOTHER - NAME first middle maiden: Sharon Christensen
19. INFORMANT - NAME and relationship to deceased: Robert Bonine (Husband)

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): La Pine Community Cemetery
20c. LOCATION - City or Town, State: La Pine, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 2127
22. NAME, ADDRESS AND ZIP OF FACILITY: Tabor's Desert Hills Mortuary, 1441 NE Forbes Rd. Bend, Oregon 97701

REGISTRAR

23. DATE FILED (Month, Day, Year): June 7 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: 6:40 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): [signature] M.D
30. DATE SIGNED (Month, Day, Year): 6-7-90

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): Robert F. Boone, M.D. 1501 N.E. Medical Center Dr. - Bend, OR, 97701
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) METASTATIC BREAST CANCER — Interval between onset and death: 2 months
(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 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

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 June 7, 1990

Return: Robert Bonine
Star Rt.1, Box 1080
LaPine, Or. 97739

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Tabor's Desert Hills Mortuary
on this 11th day of June A.D., 19 90
at 10:21 o'clock A M. and duly recorded
in Vol. M90 of Deeds Page 11179.
Evelyn Biehn County Clerk
By Pauline Mullendore
Deputy.

Fee, $8.00