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D-0262 I.D. TAG NO.
023+0 Local File Number

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

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Bernard; Middle: Vincent; Last: DUMAS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): December 21, 1988
4. SOCIAL SECURITY NUMBER: 361-16-7540
5a. AGE - Last Birthday (Years): 64
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Malone, New York
7. DATE OF BIRTH (Month, Day, Year): August 8, 1924
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 Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 47878 Highway 58 Space #23
9c. CITY, TOWN, OR LOCATION OF DEATH: Oakridge
9d. COUNTY OF DEATH: Lane
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Electrician
10b. KIND OF BUSINESS/INDUSTRY: Lumber Mill
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Ruth
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Lane
13c. CITY, TOWN, OR LOCATION: Oakridge
13d. STREET AND NUMBER: 47878 Highway 58 Space #23
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97463
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+):

PARENTS

17. FATHER - NAME first middle last: Bernard - Dumas
18. MOTHER - NAME first middle maiden: Blanch - Simpson
19. INFORMANT - NAME and relationship to deceased: Ruth Dumas, Wife

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): Chapel of Memories Crematorium
20c. LOCATION - City or Town, State: Eugene, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Arie MacR Moore
21b. LICENSE NUMBER (Of Licensee): 3275
22. NAME, ADDRESS AND ZIP OF FACILITY: Chapel of Memories Funeral Home 3745 West 11th Ave., Eugene, OR 97402

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 1420 P M
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature): Harry Adams M.D.
26. DATE SIGNED (Month, Day, Year): 12/22/88

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29. DATE SIGNED (Month, Day, Year) COUNTY

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Harry Adams M.D., 47815 Highway 58, Oakridge, Oregon 97463
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST →

32. 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: Lung Cancer — Interval between onset and death: 2 Months
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c) PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a) — Interval between onset and death
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY: M
36c. INJURY AT WORK? ☐ Yes ☐ No
36d. DESCRIBE HOW INJURY occurred
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRAR

37. REGISTRAR'S SIGNATURE: Victoria Kay Nease
38. DATE FILED (Month, Day, Year): December 23, 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
40. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A
RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY 45-2 REV 1-88

STATE OF OREGON, COUNTY OF LANE

DATE March 22, 1989

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION.

Registrar of Vital Statistics

By Victoria Kay Nease
Deputy Registrar

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

'89 JUN 19 AM 10 20

12/23/88 IVA

1300

11826

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ruth A. Dumas the 18th day of June A.D., 19 90 at 10:20 o'clock A.M., and duly recorded in Vol. M90, of Deeds on Page 11825.

Evelyn Biehn County Clerk
By Darlene Musgrove

FEE
$13.00

Return: Ruth A. Dumas
P.O. Box 18
Crescent, Or. 97733