

16384

Vital Records Unit

136-

Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: <u>Oscar</u> Last: <u>F. KITTRIDGE</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>May 25, 1990</u>
4. SOCIAL SECURITY NUMBER <u>340-36-3308</u>	5a. AGE - Last Birthday (Years) <u>89</u>	5b. Under 1 Year Mo: <u> </u> Days: <u> </u> Mins: <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Corvallis, Oregon</u>
7. DATE OF BIRTH (Month, Day, Year) <u>September 10, 1900</u>		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) <u>Valley West Care Center</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Eugene</u>	
9c. COUNTY OF DEATH <u>Lane</u>		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Cattle Rancher</u>	
10b. KIND OF BUSINESS/INDUSTRY <u>Ranching/Agriculture</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>	
12. SPOUSE (If Married, Widowed) <u>Frances</u>		13a. RESIDENCE - STATE <u>Oregon</u>	
13b. COUNTY <u>Lane</u>		13c. CITY, TOWN, OR LOCATION <u>Florence</u>	
13d. STREET AND NUMBER <u>1451 Spruce Street</u>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify if or Yes - If yes, specify (Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify if: <u> </u>	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u> </u> College (1-4 or 5+) <u>4</u>	
17. FATHER - NAME first middle last <u>William Kittridge</u>		18. MOTHER - NAME first middle maiden <u>Maude</u>	
19. INFORMANT - NAME and relationship to deceased <u>Lloyd Griggs - Friend</u>		20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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) <u>Musgrove Crematory</u>		20c. LOCATION - City or Town, State <u>Eugene, Oregon</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE (OR PERSON ACTING AS SUCH) <u>Lois H. Davis</u>		21b. LICENSE NUMBER (Of Licensee) <u>1199</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Musgrove Family Mortuary 1152 Olive St. Eugene, OR 97401</u>		23. DATE FILED (Month, Day, Year) <u>REC'D MAY 29 1990</u>	
24. REGISTRAR'S SIGNATURE <u>Victoria Kay Nease</u>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH <u>12:45 P</u> <u>M</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. YAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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) <u>Mary Pugsley</u>	
30. DATE SIGNED (Month, Day, Year) <u>5/25/90</u>		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIED MEDICAL EXAMINER (Type or Print) <u>Mary Pugsley, MD 1180 Patterson Suite 2-A Eugene, Oregon 97401</u>	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. 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) <u>possible pneumonia</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>acute cerebrovascular accident</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>probably atrial fibrillation</u> PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>Coronary artery disease</u>		35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> N/A	
36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. If YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
38. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		39. DATE OF INJURY (Month, Day, Year) <u> </u>	
40. TIME OF INJURY <u> </u>		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		43. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 3-90

STATE OF OREGON, COUNTY OF LANE

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

DATE May 29, 1990
OFFICIAL
Victoria Kay Nease
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

1990 JUN 10 PM 3 48

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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Patrick Kittredge the 18th day
of June A.D., 19 90 at 3:48 o'clock PM., and duly recorded in Vol. M90,
of Deeds on Page 11907.

FEE \$13.00

Evelyn Biehn - County Clerk

By Pauline Muelndere

Return: Patrick Kittredge
110 N. 6th #207
Klamath Falls, Or. 97601