K-42372

16995 OREGON STATE HEALTH DIVISION

VITAL STATISTICS SECTION

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

E.D. TAG NO. 539 (Local File Number)

136- 89-020020 (State File Number)

1. DECEDENT'S NAME	First: Ruby	Middle: Hazel	Last: SMITH	2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): October 20, 1989
4. SOCIAL SECURITY NUMBER: 545-38-3692	5a. AGE - Last Birthday (Years): 78	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Colchester, IL.	7. DATE OF BIRTH (Month, Day, Year): July 16, 1911

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No

8a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ E.R. Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9c. FACILITY NAME (If not institution, give street and number): St. Charles Medical Center

9b. 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): Homemaker	10b. KIND OF BUSINESS/INDUSTRY: Home	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Wilburn Smith	
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Gilchrist	13d. STREET AND NUMBER: Box 132 HC 32	
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97737	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+):

17. FATHER - NAME first middle last: Joseph Normandin	18. MOTHER - NAME first middle maiden: Flora George	19. INFORMANT - NAME and relationship to deceased: Wilburn Smith (Spouse)	
20a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): East Fork Cemetery	20c. LOCATION - City or Town, State: East Fork, Louisiana	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Spencer Tabor	21b. LICENSE NUMBER (Of Licensee): 2127	22. NAME, ADDRESS AND ZIP OF FACILITY: Tabor's Desert Hills Mortuary, 1441 N.E. Forbes Ave. Bend, OR. 97701	
23. DATE FILED (Month, Day, Year): DEC 23 1989		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	

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 10:32 A.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): K. Kranz MD

30. DATE SIGNED (Month, Day, Year): 10-21-89

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): Karl S. Kranz, D.O. 57057 Beaver Dr. - Sunriver, Oregon 97701

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE) (a), (b), AND (c) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

PART I (a)	Myocardial Infraction, Congestive Heart Failure.	Interval between onset and death: 2 days.
(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: Renal Failure, Anemia

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): M	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

'90 JUL 2 AM 11 48

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JUN 19 1990

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

After recording, return to:

Key Escrow Co. #27-15506K
PO Box 6178
Bend, OR 97708

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Klamath County Title Co.

on this 2nd day of July A.D., 19 90
at 11:48 o'clock A M. and duly recorded
in Vol. M90 of Deeds Page 12961.
Evelyn Biehn County Clerk
By Pauline Mullendore
Deputy.

Fee, $8.00