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OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

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

I.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
9a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ E.R. 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): 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: ☐ Mausoleum ☐ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ 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 License): 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
30. DATE SIGNED (Month, Day, Year): 10-21-89

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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 CERTIFYING 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 Infarction, Congestive Heart Failure — Interval between onset and death: 2 days
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — 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)
41b. TIME OF INJURY
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

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

'90 JUL 2 AM 11 48

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

After recording return to:

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