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17704 076099
I.D. TAG NO.
333
Local File Number

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

Vol. 1790 Page 14243

136- State File Number

3
TVA

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

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

CAUSE OF DEATH

15

16

17

1. DECEDENT'S NAME First: Arnel Middle: Ross Last: LANE		2. SEX M	3. DATE OF DEATH (Month, Day, Year) June 25, 1990
4. SOCIAL SECURITY NUMBER 544-12-7026	5a. AGE - Last Birthday (Years) 69	5b. Under 1 Year Mo. Days Hours Mins.	5c. Under 1 Day Mins.
6. BIRTHPLACE (City and State or Foreign Country) Goodrich, ID		7. DATE OF BIRTH (Month, Day, Year) October 27, 1920	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> 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) Timber Faller		10b. KIND OF BUSINESS/INDUSTRY Timber	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Mildred	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN, OR LOCATION Crescent	
13c. STREET AND NUMBER side Riddle Road		13d. 2nd trailer north	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97733	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 8		16. DECEDENT'S EDUCATION (Specify only highest grade completed) College (11-4 or 5+)	
17. FATHER - NAME first middle last William Ross Lane		18. MOTHER - NAME first middle maiden Sadie Ethel Woods	
19. INFORMANT - NAME and relationship to decedent Mildred C. Lane spouse			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input 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) Deschutes Memorial Gardens	
20c. LOCATION - City or Town, State Bend, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH James W. Prindle		21b. LICENSE NUMBER (Of Licensee) 3317	
22. NAME, ADDRESS AND ZIP OF FACILITY Deschutes Memorial Gardens P.O. Box 5992 Bend, OR 97708			
23. DATE FILED (Month, Day, Year) June 26, 1990		24. REGISTRAR'S SIGNATURE Jacqueline Mathis, Dep	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
27. TIME OF DEATH 7:35 A.M. <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night			
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) [Signature]			
30. DATE SIGNED (Month, Day, Year) 6/25/90			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert F. Boone, MD 1501 NE Medical Center Drive, Bend, OR 97701			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) ABDOMINAL lymphoma with OBSTRUCTION DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			
34. INTERVAL between onset and death 2 years			
35. INTERVAL between onset and death			
36. INTERVAL between onset and death			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk			
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH <input checked="" 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		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
41f. DESCRIBE HOW INJURY OCCURRED			
RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 3-90

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
DATE June 26, 1990

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mildred C Lane the 18 day
of July A.D., 19 90 at 11:27 o'clock A.M., and duly recorded in Vol. M90
of deeds on Page 14243

FEE 8.00
Mildred C Lane
P.O. Box 178
Crescent, Ore 97733
Evelyn Biehn County Clerk
By Bernetha A. Ketsch