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OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

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66565 I.D. TAG NO.
900169 Local File Number

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

136 90-002939 State File Number

1. DECEDENT'S NAME: First Evangeline Middle F. Last BLODGETT
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 12, 1990
4. SOCIAL SECURITY NUMBER: 575-18-5816
5a. AGE - Last Birthday (Years): 67
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Barbers Point Lighthouse, HI
7. DATE OF BIRTH (Month, Day, Year): June 17, 1922
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 Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Rogue Valley Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Medford
9d. COUNTY OF DEATH: Jackson
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: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Edgar J.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 707 Del Fatti Lane
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
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: Manuel - Ferreira
18. MOTHER - NAME first middle maiden: Caroline S. Coelho
19. INFORMANT - NAME and relationship to deceased: Edgar J. Blodgett-Husband
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Buckey L Bailey
21b. LICENSE NUMBER (Of Licensee): 3021
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Memorial Chapel, 515 Pine, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): FEB 15 1990
24. REGISTRAR'S SIGNATURE: Selia Colburn
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: 12:45 P 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): June Symens MD
30. DATE SIGNED (Month, Day, Year): February 14, 1990
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): June L. Symens, M.D., 1025 East Main, Medford, OR 97504
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

36. 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) Sepsis / Septic shock — Interval between onset and death: 48-72°
DUE TO, OR AS A CONSEQUENCE OF:
(b) Ischemic / necrotic bowel — Interval between onset and death: 72 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(c) possibly Underlying Vasculitis — Interval between onset and death: 6-7yrs.
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.
Wegener's granulomatosis - ESRD
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 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 AUG 6 AM 11 05

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 MAY 01 1990

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 6th day of August A.D., 19 90 at 11:05 o'clock A M., and duly recorded in Vol. M90, of Deeds on Page 15592.

FEE $8.00

EVELYN BIEHN - County Clerk
By Darlene Mullendore