

18625

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OR
DEPARTMENT
BLACK INK

E-1876
LD. TAG NO.

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

138

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

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

RESERVED FOR REGISTRAR'S USE

15
16
17

1. DECEDENT'S NAME: First Mary, Middle Ellen, Last HANNEMANN
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): June 17, 1989
4. SOCIAL SECURITY NUMBER: 398-22-2675
5a. AGE - Last Birthday (Year): 80
5b. Under 1 Year: Mo. Days
6. BIRTHPLACE (City and State or Foreign Country): Ono, Wisconsin
7. DATE OF BIRTH (Month, Day, Year): October 6, 1908
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9. PLACE OF DEATH (Check only one): ☐ Hospital ☐ Inpatient ☐ Outpatient ☐ D.O.A. ☒ Other: Nursing Home
10. FACILITY NAME (If not institution, give street and number): Royale Gardens Health Care Facility
11. MARITAL STATUS - ☒ Married ☐ Never Married ☐ Widowed ☐ Divorced (Specify):
12. SPOUSE (If Married, Widowed, Divorced (Specify): Carl A.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Josephine
13c. CITY, TOWN, OR LOCATION: Grants Pass
13d. STREET AND NUMBER: 1581 Mt. Baldy Road
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE: American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): 12
17. FATHER - NAME first, middle, last: Wilbur James Wood
18. MOTHER - NAME first, middle, maiden: Eva May-Greene
19. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hull & Hull Crematory
20. LOCATION - City or Town, State: Grants Pass, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Dean J. Hull
21b. LICENSE NUMBER (OF Licensee): 0041
22. NAME, ADDRESS AND ZIP OF FACILITY: Hull & Hull Funeral Directors, 612 NW "A" St., Grants Pass, OR 97526
23. DATE FILED (Month, Day, Year): June 21, 1989
24. REGISTRAR'S SIGNATURE: La Verla J. Young
25. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 5:20 A.M. ☐ M ☒ P ☐ A ☐ N
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): Ben Prins
30. DATE SIGNED (Month, Day, Year): 6/20/89
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Ben Prins, M.D., 125 Northeast Manzanita Ave., Grants Pass, OR 97526
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) Alcoholism syndrome
DUE TO, OR AS A CONSEQUENCE OF:
PART II (b) Due to, or as a consequence of:
PART III (c) Other significant conditions:
Conditions contributing to death but not related to cause given in PART I.
34. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention
35a. DATE OF INJURY (Month, Day, Year):
35b. TIME OF INJURY: M ☐ Yes ☒ No
35c. INJURY AT WORK? ☐ Yes ☒ No
36. DESCRIBE HOW INJURY OCCURRED:
37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unc.
38. AUTOPSY: ☐ Yes ☒ No
39. If it is more findings considered in determining cause of death? ☐ Yes ☒ No ☐ N/A

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-88

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JOSEPHINE COUNTY REGISTRAR.

DATE ISSUED JUN 21 1989

La Verla J. Young
LA VERLA J. YOUNG
COUNTY REGISTRAR
JOSEPHINE COUNTY, OREGON

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of: BEN FREUDENBERG
on this 8th day of Aug. A.D. 19 90
at 2:21 o'clock P. M. and duly recorded
in Vol. M90 of Deeds Page: 15908
Evelyn Biehn County Clerk
By Pauline Mullendore Deputy.
Fee, \$8.00

Return: Ben Freudenberg
P.O. Box 578
Grants Pass, Or. 97526

90-13216
State of Oregon, Josephine County, Oregon.
Book of Records, Josephine County, Oregon.
County Clerk and ex-officio Recorder of Deeds.
Conveyances and for said County, do here-
by certify that the within instrument was
received for record and recorded.
At Page 577 of Vol. 1027
By La Verla J. Young Deputy
Fee \$ 8.00 Mailed ☐ Held ☐
Hand Returned ☐