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077437 I.D. TAG NO.

Local File Number 487

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

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136- State File Number

1. DECEDENT'S NAME First: Marie	Middle: Ada	Last: SYLVEST	2. SEX: F	3. DATE OF DEATH (Month, Day, Year): September 13,1990	
4. SOCIAL SECURITY NUMBER: 542 32 2659	5a. AGE - Last Birthday (Years): 80	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Jones Co., MS	7. DATE OF BIRTH (Month, Day, Year): March 20, 1910
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): 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: Own Home	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Thomas U.		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Crescent	13d. STREET AND NUMBER: S Hwy 97		
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 97733	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 year completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):	
17. FATHER - NAME first middle last: John L. Bishop	18. MOTHER - NAME first middle maiden: Lena Ada Sellers	19. INFORMANT - NAME and relationship to deceased: Thomas U. Sylvest Husband			
20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Pilot Butte Cemetery	20c. LOCATION - City or Town, State: Bend, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee): 3331	22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds,Inc. 105 N. W. Irving Bend,OR 97701			
23. DATE FILED (Month, Day, Year): September 14, 1990	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: 6:20 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): MD	30. DATE SIGNED (Month, Day, Year): 9/14/90

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): Michael N. Harris, M. D. 1501 N.E.Medical Center Drive Bend,OR 97701

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

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

CAUSE OF DEATH

		Interval between onset and death
PART I (a)	ATHEROSCLEROTIC HEART DISEASE	10 YEARS
(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 causes given in PART I.		

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

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

'90 SEP 10 AM 11 22

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
JACQUELINE MATHIS, DEPUTY REGISTRAR

DATE September 14, 1990

Return: Niswonger-Reynolds, Inc.
105 N. W. Irving
Bend,Or. 97701

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Niswonger-Reynolds, Inc.

on this 18th day of Sept. A.D., 19 90
at 11:22 o'clock AM. and duly recorded
in Vol. M90 of Deeds Page 18715

Evelyn Biehn County Clerk
By Darlene Mullendore
Deputy.

Fee, $8.00

800