

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

Vol. m90 Page 19077

20439

B 9148 I.D. TAG NO.
141-88 Local File Number

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

88-005509 136- State File Number

DECEDENT

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1. DECEDENT'S NAME First: <u>Phyllis</u> Middle: <u>Rene</u> Last: <u>REEDY</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>March 22, 1988</u>
4. SOCIAL SECURITY NUMBER <u>519-28-7507</u>	5a. AGE - Last Birthday (Years) <u>60</u>	5b. UNDER 1 YEAR Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	5c. UNDER 1 DAY Mins. <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Priest River, Idaho</u>		7. DATE OF BIRTH (Month, Day, Year) <u>February 19, 1928</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify) <u> </u>			
9b. FACILITY NAME (If not institution, give street and number) <u>Highland House Nursing Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Grants Pass</u>	
9d. COUNTY OF DEATH <u>Josephine</u>		10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Housewife</u>	
10a. DECEDENT'S USUAL OCCUPATION (Specify kind of work done during most of working life. Do not use retired.) <u>Housewife</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Home</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Gene Reedy</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Josephine</u>	
13c. CITY, TOWN, OR LOCATION <u>Grants Pass</u>		13d. STREET AND NUMBER <u>512 Short Street</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: <u> </u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <u> </u> College (1-4 or 5+) <u>12</u>		17. INFORMANT - NAME and relationship to decedent <u>Gene Reedy, Husband</u>	
18. FATHER - NAME first middle last <u>Charles A. Campbell</u>		19. MOTHER - NAME first middle maiden <u>Delores V. McLean</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Lundberg Crematory</u>	
20c. LOCATION - City or Town, State <u>Grants Pass, Oregon</u>		21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>E. M. Lundberg</u>	
22. LICENSE NUMBER (Of Licensee) <u>0053</u>		23. NAME, ADDRESS AND ZIP OF FACILITY <u>Lundberg's L. B. Hall Funeral Home 141 NW "C" St., Grants Pass, Ore. 97526</u>	
24. TIME OF DEATH <u>1:00 A.M.</u>			
25. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <u>Daniel S. Selinger</u>			
27. DATE SIGNED (Month, Day, Year) <u>3-22-88</u>			
28. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Daniel Selinger, M.D., 125 N. E. Manzanita, Grants Pass, Oregon 97526</u>			
29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			
30. 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. (a) <u>brain tumor (glioma)</u>			
31. DUE TO, OR AS A CONSEQUENCE OF: (b) <u> </u>			
32. DUE TO, OR AS A CONSEQUENCE OF: (c) <u> </u>			
33. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a) <u> </u>			
34. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Homicide			
36a. DATE OF INJURY (Month, Day, Year) <u> </u>		36b. TIME OF INJURY <u> </u>	
36c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		36d. DESCRIBE HOW INJURY OCCURRED <u> </u>	
37. REGISTRAR'S SIGNATURE <u>Edward J. Johnson II</u>			
38. DATE FILED (Month, Day, Year) <u>March 22, 1988</u>			
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
40. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			

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 FEB 10 1989

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Gene Reedy the 21st day of Sept. A.D., 19 90 at 2:22 o'clock P M., and duly recorded in Vol. M90 of Deeds on Page 19077.

Evelyn Biehn County Clerk

By Pauline Muckendore

FEE \$8.00

Return: Gene Reedy

512 Short St., Grants Pass, OR. 97527