CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

21242

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

86-003411

CERTIFICATE OF DEATH

Local File Number: 100

State File Number

Field	Entry
Decedent's Name (First, Middle, Last)	Leta Dore THOMSEN
Date of Death	February 18 1986
Race	White
Sex	Female
Age	57
Date of Birth	October 20 1928
City, Town or Location of Death	Coos Bay
Hospital or Other Institution	Bay Area Hospital
If Hosp. or Inst.	Inpatient
County of Death	Coos
State of Birth	Washington
Citizen of What Country	U.S.
Married, Never Married, Widowed, Divorced	Married
Spouse	Keith
Was Decedent Ever in U.S. Armed Forces?	no
Social Security Number	539 18 5617
Usual Occupation	administration 019 700
Kind of Business or Industry	banking
Residence—State	Oregon
County	Coos
City, Town or Location	Coos Bay 06
Street and Number or R.F.D., Zip	75 S. 28th Court 97420
Inside City Limits	yes
Father	Adrain Ghont
Mother	Edna –
Informant	Keith Thomsen, husband
Burial, Cremation, Removal, Other	cremation
Cemetery or Crematory	Ocean View Memory Gardens
Location	Coos Bay, Oregon
Funeral Service Licensee	[signature]
Name and Address of Facility	Coos Bay Chapel P.O. Box 749 Coos Bay, Oregon 97420
Certifier Signature	[signature]
Date Signed	2/21/86
Hour of Death	1818 M
Name and Address of Certifier	L. J. Fagnun MD 620 Ranch Road Reedsport, Oregon 97467
Name of Attending Physician if Other Than Certifier	
Date Received by Registrar	Feb. 25, 1986
Registrar	Mary Claiborne
Part I Immediate Cause (a)	[illegible]
Due to or as a Consequence of (b)	
Due to or as a Consequence of (c)	
Part II Other Significant Conditions	
Autopsy	no
Was Medical Examiner Notified	no
Accident, Suicide, Homicide	
Date of Injury	
Hour of Injury	M
Describe How Injury Occurred	
Injury at Work	
Place of Injury	
Location	

ORIGINAL—VITAL STATISTICS COPY

45-2 REV 12 83

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 JUL 19 1990

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______ the 9th day of Oct. A.D., 19 90 at 2:56 o'clock P.M., and duly recorded in Vol. M90 of Deeds on Page 20419.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00

Return: Jerry Ray Lee
685 Nebraska St., Eugene, Or. 97402