CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

22961

'90 NOV 26 PM 1 31

Vol. M90 Page 23463

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

80-008227

0858

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

67

DECEDENT

Local File Number

DECEASED—NAME: First SANDRA; Middle LEE; Last ELMS

DATE OF DEATH (month, day, year): 2 May 24, 1980

RACE White, Black, American Indian, etc. (specify): 3 White

SEX: 4 Female

AGE—Last birthday (years): 5a 33

Under 1 year: mos / days; Under 1 day: hours / min

DATE OF BIRTH (month, day, year): 6 August 5, 1946

COUNTY OF DEATH: 7a Lane

CITY, TOWN OR LOCATION OF DEATH: 7b Eugene

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7c 2170 Silhoutte

IF HOSP OR INST indicate DOA, ER/Emer. Rm., Inpatient (Specify): 7d —

STATE OF BIRTH (If not in U.S.A., name country): 8 Mississippi

CITIZEN OF WHAT COUNTRY: 9 U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 10 Married

SPOUSE (IF MARRIED, WIDOWED): 11 Thomas E. Elms

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): 12 No

SOCIAL SECURITY NUMBER: 13 540-56-1512

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a Printer Operator

KIND OF BUSINESS OR INDUSTRY: 14b Food Company

RESIDENCE—STATE: 15a Oregon

COUNTY: 15b Lane

CITY, TOWN, OR LOCATION: 15c Eugene

STREET AND NUMBER OR R.F.D., ZIP: 15d 2170 Silhoutte 97402

Inside City Limits (specify yes or no): 15e No

FATHER—NAME first middle last: 16 Harry Leo Bonner

MOTHER—Maiden Name first middle last: 17 Gracie — Whatley

INFORMANT—NAME and relationship to deceased: 18 Thomas Elms -- Husband

DISPOSITION

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Removal Burial

CEMETERY OR CREMATORY—NAME: 19b Shelton Church Cemetery

LOCATION city or town state: 19c Ellisville, Mississippi

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): 20a Judy Kay Whitlock

NAME AND ADDRESS OF FACILITY: 20c Andreason-England Funeral Home 202 E.18th Eugene, Ore. 97401

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

DATE SIGNED (Mo., Day, Yr.): 21b 5/28/80

HOUR OF DEATH: 21c 10:30 A. M

21a [Signature] ▶

CERTIFIER — NAME AND TITLE (Type or Print): 21d James L. Murdock M.D.

MAILING ADDRESS (Street, city or town, state, zip): 677 E. 12th Eugene, Oregon 97401

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22a June 2 1980

REGISTRAR: 22b [Signature] ▶ Marjorie Jo Rainy, Deputy

CAUSE OF DEATH

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

PART I

23 IMMEDIATE CAUSE [ENTER ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) manifest — Interval between onset and death: several weeks

DUE TO, OR AS A CONSEQUENCE OF:

(b) carcinoma of stomach - metastatic — Interval between onset and death: several months

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

AUTOPSY (Specify Yes or No): 24 No

WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): 25 No

4. 1510

5.

6.

ACCIDENT (Specify Yes or No): 26a

DATE OF INJURY (Mo., Day, Yr.): 26b

HOUR OF INJURY: 26c M

DESCRIBE HOW INJURY occurred: 26d

INJURY AT WORK (Specify Yes or No): 26e

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): 26f

LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE: 26g

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 P-65412

RETURN: KCTC

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 NOV 23 1990

Edward J. Johnson II

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 26th day of Nov. A.D., 19 90 at 1:31 o'clock PM., and duly recorded in Vol. M90 of Deeds on Page 23463.

Evelyn Biehn County Clerk

By Darlene Nunnaker

FEE $8.00