

22986

99 NOV 27 AM 10 00

Vol. 90 Page 23508

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

136-

CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: Gordon Middle: Dale Last: OWEN SR.		2. SEX M	3. DATE OF DEATH (Month, Day, Year) May 17, 1988				
4. SOCIAL SECURITY NUMBER 541 34 3791	5a. AGE - Last Birthday (Years) 54	5b. UNDER 1 YEAR Mos. Days Hours Mins.	5c. UNDER 1 DAY Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Eugene Oregon	7. DATE OF BIRTH (Month, Day, Year) August 24, 1933		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) 48021 Highway 58		9c. CITY, TOWN, OR LOCATION OF DEATH Oakridge Oregon		9d. COUNTY OF DEATH Lane			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Agent		10b. KIND OF BUSINESS/INDUSTRY Retail Liquor		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Patricia Owen	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Lane		13c. CITY, TOWN, OR LOCATION Oakridge		13d. STREET AND NUMBER 48021 Highway 58	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97463		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:		15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 12th
17. FATHER - NAME first middle last Joe Owen		18. MOTHER - NAME first middle maiden Edna Jenkins		19. INFORMANT - NAME and relationship to decedent Patricia Owen Wife			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Springfield Crematory		20c. LOCATION - City or Town, State Springfield Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Lillian Clarend</i>		21b. LICENSE NUMBER (Of Licensee) 53 0018		22. NAME, ADDRESS AND ZIP OF FACILITY Oakridge Funeral Home P.O. Box 711 Oakridge Oregon 97463			
TO BE COMPLETED BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
23. TIME OF DEATH 8:15 A. M.		24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27a. TIME OF DEATH M		27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>Warren Griffith</i>				28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)			
26. DATE SIGNED (Month, Day, Year) May 23 1988				29. DATE SIGNED (Month, Day, Year) COUNTY			
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Warren Griffith 48260 Hills Street Oakridge Oregon							
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
32. 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) Acute Medullary Failure DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b) Probable Hypoxic Cerebral Infarction DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c) Metastatic Esophageal Adenocarcinoma OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)						Interval between onset and death	
PART II Cigarette Related Death						33. 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"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		36a. DATE OF INJURY (Month, Day, Year)		36b. TIME OF INJURY M		36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36d. DESCRIBE HOW INJURY OCCURRED		36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
37. REGISTRAR'S SIGNATURE <i>Warren Griffith</i>				38. DATE FILED (Month, Day, Year) MAY 23 1988			
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			
RESERVED FOR REGISTRAR'S USE							

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-88

STATE OF OREGON, COUNTY OF LANE

DATE May 23, 1988

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION.

David L. White
Registrar of Vital StatisticsBy *Warren Griffith*
Deputy Registrar

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

00000

23509

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Richard L. Fredericks the 27th day
of Nov. A.D., 19 90 at 10:00 o'clock AM. and duly recorded in Vol. M90
of Deeds on Page 23508
Evelyn Biehn County Clerk
By D. Nelson Mulholland

FEE \$13.00

Return: Richard L. Fredericks
P.O. Box 296
Oakridge, Or. 97463