23499

OREGON STATE HEALTH DIVISION VITAL STATISTICS SECTION Page 24411

YPE OR PRINT IN PERMANENT ILACK INK		OREGON	DEPARTM	ENT OF HU	JMAN F	RESOURCES	-5		
ERMANENT	63854 1.D. TAG NO.		HEA	LTH DIVIS	ION	· ·			
vet	┌ 997	٦	Vital	Records !	Jnit DEATU	l 136			٠.,
ce	Local File Number			ICATE OF			Z. SEX	te File Number	EATH (Month, Day, Year)
	1. DECEDENT'S First		Middle	Non FOY	Last		M		22, 1989
	Thomas			ico FOX	1 Day 16	BIRTHPLACE (City and			RTH (Month, Day, Year)
	4. SOCIAL SECURITY NUMBER	(Years) 56	Mos. Days		lins.	BIRTHPLACE (City and Country) Santa Calling	Barbara, rnia	Sept.	11, 1932
	572-40-0807			i 91	PLACE O	F DEATH (Check only	one)		
DECEDENT	B. WAS DECEDENT EVER IN U.S. ARMED FORCES? W Yes No	HOSPITAL Inpatient	T ER/Outpatier	DOA OTH	ER: [] Nor	sing Home 🕅 Dec	dent's Home	Other (Special	1. COUNTY OF DEATH
A CONTRACTOR OF THE PARTY OF TH	CO EACHITY NAME (II not in	stitution, give street and	number)		c. CITY, TO	WN, OR LOCATION	OF DEATH	130	Marion
·	2200 Lancas	ter Dr. S.	E. #19-1	Λ	Sal	em	TATUS . Marrier		
	10a. DECEDENT'S USUAL OC (Give kind of work done life. Do not use retired.)	CUPATION during most of working	10b. KIND OF B	USINESSANDUST	RY	Never Mari Divorced (ied, Widowed. Specify)	1	Married, Widowed)
	Sexton		Churc	h		Marrie	ed	Caro	1 .
		13b. COUNTY		WN, OR LOCATIO	N	13d. STREET	AND NUMBER	an Dn	SF 19_A
4	Oregon	Marion	Sale					er or.	SE 19-A
5		CODE 14, WAS	ECEDENT OF H	ISPANIC ORIGIN) (),	5. RACE American In	dian. (Specify) (Sp	entry only bight	est a rede completes:
e.	l		an, Puerto Rican	elc.) X No D	res I	White	Elemen	yark/24Coudaik	(P. 12) CON 429 (1-4 CT 5 + 1 -
.:		midnie last	18. MOTHER - N	AME lust o	niddle	maiden	19 INFORMAN	n bre 3MAN - T	elationship to deceased
PARENTS	James E. Fo	(madia				المعمقات	Carol	Foxen,	Spouse
	20s, METHOD OF DISPOSIT		20b. PLACE OF	DISPOSITION (N	ame of cen	netery, crematory, or	20c LOCATION	· City of Town.	State
DISPOSITION							Rond	, Orego	n .
7	Donation C Other (Se	ecity)	1	ood Memor		INCLUTY NAME, ADDRES	1		
'	218. SIGNATURE OF FUNE	RAL SERVICE LICENSEE	OR	21b. LICENSE N (Of License	UMBER	WT GOL	den Mor	tuarv.	Inc.
8	1-5// 1//			3330	- 1	605 Com'	1 St. S	E, Sale	em, OR 97301
9	Vmult Ke	Mm 17 Keulow				24. REGISTRAR'S SIGNATURE			
REGISTRA	II JUN 2	! 6 1989			ļ	Jai		Cree	
	25. DID HOSPITAL REPRE	SENTATIVE MAKE REQU	EST FOR ANATO	MICAL BIFT CON	SENT?	26. WAS GIFT MAD	E?		
	YES INO	SD NIA				U YES U			na attacement and the extension
							OMPLETED ONL	V BY MEDICAL	FXANINER
10		COMPLETED BY CERTIF	YING PHYSICIAN	FD?	— 🚉	a. TIME OF DEATH	31b. DATE PR	ONDUNCED DE	AD (Month, Day, Year, Hours
11	3:44 P.								
	29. To the best of my kno	a X Yes 10 No pwledge, death occurred a nd manner steled. D A A A Col	t the time, date,	place and	— [g] ₃₂	On the basis of ex	mination and/or	investigation, in the cause(s) ar	my opinion death occurred ad menner stated.
CERTIFIE	due to the cause(s) a: (Signature)	nd manner stated.	1.00		3	(Signature)			
No. of the last of	► Edward	P. allow	<u>% </u>		_ 🏖				COUNTY
12		133. DATE SIGNED (MONTH, DAY, TOTAL							
	30. DATE SURFEL FROM THE STATE OF CERTIFIER MEDICAL EXAMINER (1700 or Print)								
13						S.E. Sale	em, OR 9	7302	
14	Edward P.	OTLOWSKI M.I	HAN CERTIFIER	Commercia	11_31-	A.E		()	
CONDITION	is			1 100	1				linterval between onset
CONDITION IF ANY WHICH GIV RISE TO IMMEDIAT CAUSE STATING TI UNDERLYIN CAUSE LAS	S. IMMEDIATE CAUSE (E)	NTER ONLY ONE CAUSE	ER LINE FOR (4)	(b). AND (c) 100 n	ot enter mo	de of dying, e.g. Card	ec or Respiratory	Arrest	and death
IMMEDIAT	E PART (a) Meto		<u>alignan</u>	of the	lano	~	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		miteral Detaces prest
STATING TH	HE DUE TO, OR AS A	CONSEQUENCE OF:				Silvery Colores			and death
L	(b)	CONSEQUENCE OF:							Interval between onset and death
CAUSE	নৰ !								
CAUSE	PART OTHER SIGNIFICA	NT CONDITIONS . uting to death but not rel		en in PART I		37. Did tobacco s	se contribute	38 AUTOPSY	39 If YES were lindings considers in determining cause of death
4.5	If Conditions contrib	uting to death but not re-	ated to cause gre			Tres No DP	rohably !! Unk	TYes X No	Yes D No D NIA
15	-					1			
16	40, MANNER OF DEATH		FINJURY 415. T	NJURY ATC	AT WORK	,			
17	—	SR Natural Pending							
	Suicide M	Suicide Manner die PLACE OF INJURY - Al home, farm, street, factory, office 411, LOCATION (Street and Number or Rural Poute Number, City of Town, Star Manner							
	☐ Homicide ☐ Li	egal building	, etc. (Specify)		m (44.5		<u> </u>		
	RESERVED FOR REGIST				1,				
	1			1.2					u
8	<u> </u>	OR	GINAL -	VITAL S	TATIS	TICS COPY			45-2 REV, 1-89
J .									

RETURN: KEY TITLE CO PO BOX 6178 BEND OR 9770 JUDY ATTN:

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.

JUN 26 1989

STATE OF OREGON: COUNTY OF KL	AMATH: ss.		
The second se	Klamath County Title Co. 90 at 11:32 o'clock A.M., a Deeds on Page Evelyn Biehn	theand duly recorded in Vol 24411 County Clerk	
	¬ O -	المدائم الأوروا الكساء	

\$8.00 FEE