

## CERTIFICATION OF VITAL RECORD

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

BOOK 136 PAGE 332

State File Number

I.D. TAG NO.

1874

Local File Number

1. DECEDENT'S NAME First: <u>Frances</u> Last: <u>L. BEDDOW</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>November 23, 1990/Found</u>			
4. SOCIAL SECURITY NUMBER <u>542-34-6519</u>		5a. AGE - Last Birthday (Years) <u>69</u>	5b. Under 1 Year Mo. <u>  </u> Days <u>  </u>	5c. Under 1 Day Hours <u>  </u> Mins. <u>  </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Duchess, Canada</u>	7. DATE OF BIRTH (Month, Day, Year) <u>January 15, 1921</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"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <u>Highway</u>				
9b. FACILITY NAME (If not institution, give street and number) <u>Highway 6, Milepost 33.5 (near Tillamook County Line)</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Washington</u>		9d. COUNTY OF DEATH <u>Washington</u>		
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Registered Nurse</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Nursing</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>		12. SPOUSE (If Married, Widowed) <u>George C.</u>
13a. RESIDENCE - STATE <u>Oregon</u>		13b. CITY, TOWN, OR LOCATION <u>Tillamook</u>		13c. CITY, TOWN, OR LOCATION <u>Bay City</u>		13d. STREET AND NUMBER <u>7990 - 18th Street</u>
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <u>97107</u>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes <u>Specify:</u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (0-12)</u>		17. DECEDENT'S EDUCATION <u>College (1-4 or 5+)</u>				
17. FATHER - NAME first middle last <u>Theodore Dawitt Conrad</u>		18. MOTHER - NAME first middle maiden <u>Gephella Tucker</u>		19. INFORMANT - NAME and relationship to decedent <u>Frank J. Beddow - Son</u>		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input 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>Olney Cemetery</u>		20c. LOCATION - City or Town, State <u>Pendleton, Oregon</u>		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jeanne Jackson</u>		21b. LICENSE NUMBER (Of Licensee) <u>53-0250</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Burns Mortuary PO BOX 489, Pendleton, OR 97801</u>		
23. DATE FILED (Month, Day, Year) <u>DECO 5 1990</u>		24. REGISTRAR'S SIGNATURE <u>Gimmie E. Bennett</u>				
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				
27. TIME OF DEATH M <u>  </u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Karen Gunson m</u>		30. DATE SIGNED (Month, Day, Year) <u>November 28, 1990</u>				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>KAREN GUNSON, M. D., DEPUTY MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212</u>		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>				
33. 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>CHEST INJURIES</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>  </u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>  </u> OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1.		34. TIME OF DEATH <u>Unknown</u> M <u>November 23, 1990</u> <u>7:30A</u> M				
35. DATE OF DEATH <u>November 23, 1990</u>		36. DATE PRONOUNCED DEAD (Month, Day, Year) <u>November 23, 1990</u>				
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention				
41a. DATE OF INJURY (Month, Day, Year) <u>November 22, 1990</u>		41b. TIME OF INJURY <u>Unknown</u> M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>Highway</u>		41e. DESCRIBE HOW INJURY OCCURRED <u>Driver in single car rollover accident</u>				
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>Highway 6, Milepost 33.5, Oregon</u>		41g. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>Highway 6, Milepost 33.5, Oregon</u>				

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 3-90

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DATE ISSUED

DECO 6 1990

COUNTY REGISTRAR  
WASHINGTON COUNTY, OREGONSTATE OF OREGON,  
County of Klamath ss.

Filed for record at request of:

Frank Beddow

on this 19th day of Dec. A.D., 19 90  
at 12:20 o'clock P M. and duly recorded  
in Vol. M90 of Deeds Page 25182

Evelyn Biehn County Clerk

By Debrae Mullins Deputy.

Fee, \$8.00

Return: Frank Beddow  
5286 NE 72nd  
Portland, Or. 97218

304621

I hereby certify that the within instrument was received and recorded in the County of Tillamook, State of Oregon.

With my hand and seal affixed,  
JOSEPHINE VELTRI, County ClerkBy Debrae Mullins Deputy  
5:40 pm 12-5-90