CERTIFICATION OF VITAL RECORD

24075

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TYPE OR PRINT IN PERMANENT BLACK INK

E-1498
I.D. TAG NO.

1133
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-
State File Number

1. DECEDENT'S NAME	First: Donald	Middle: Edward	Last: CARRIERE	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): July 24, 1990	
4. SOCIAL SECURITY NUMBER: 536-12-3960	5a. AGE - Last Birthday (Years): 74	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Fruitport, Michigan	7. DATE OF BIRTH (Month, Day, Year): March 18, 1916	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No	9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number): 2120 Robins Lane, SE - #129	9c. CITY, TOWN, OR LOCATION OF DEATH: Salem	9d. COUNTY OF DEATH: Marion				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Electrician	10b. KIND OF BUSINESS/INDUSTRY: Aircraft Parts Manufacturing	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Elvira G.			
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Marion	13c. CITY, TOWN, OR LOCATION: Salem	13d. STREET AND NUMBER: 2120 Robins Lane, SE - #129			
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 97306	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:	15. RACE American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9	College (1-4 or 5+):	
17. FATHER - NAME first middle last: William I. Carriere	18. MOTHER - NAME first middle maiden: Margaret Bates	19. INFORMANT - NAME and relationship to deceased: Elvira G. Carriere, Wife				
20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): City View Crematorium	20c. LOCATION - City or Town, State: Salem, Oregon				
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]	21b. LICENSE NUMBER (Of Licensee): 3433	22. NAME, ADDRESS AND ZIP OF FACILITY: Lundberg's L.B. Hall Funeral Home 141 NW "C" Street Grants Pass, Oregon 97526				
23. DATE FILED (Month, Day, Year): JUL 25 1990	24. REGISTRAR'S SIGNATURE					
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A	26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A					

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 8:30 AM	28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ 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): [signature]	
30. DATE SIGNED (Month, Day, Year): July 24, 1990	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): E. W. S. Craig, M.D. 1296 Commercial Street, S.E. #101 Salem, Oregon 97302	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature):	
33. DATE SIGNED (Month, Day, Year):	COUNTY

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

CAUSE OF DEATH

36. 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

		Interval between onset and death
PART I (a)	Acute Respiratory Failure	Minutes
DUE TO, OR AS A CONSEQUENCE OF: (b)	Chronic Obstructive Pulmonary Disease with Chronic Respiratory Failure	Since I have known the
DUE TO, OR AS A CONSEQUENCE OF: (c)		deceased from 8/30/89.
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		

37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk	38. AUTOPSY ☐ Yes ☒ No	39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A	
40. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED			
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

'90 DEC 26 AM 10 41

Elvira G. Carriere
2120 Robins Ln. S. #129A
Salem, Or. 97306

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MARION COUNTY REGISTRAR.

DATE ISSUED JUL 25 1990

Ruth A. Johnson
RUTH A. JOHNSON
COUNTY REGISTRAR
MARION COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Elvira G. Carriere the 26th day of Dec. A.D., 19 90 at 10:41 o'clock AM., and duly recorded in Vol. M90, of Deeds on Page 25403.

FEE $8.00

Evelyn Biehn County Clerk
By [signature]