

PERMANENT  
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I.D. TAG NO.  
114  
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
136-

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229 - 1415

State File Number

DECEDENT

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PARENTS

DISPOSITION

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REGISTRAR

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11

CERTIFIER

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CONDITIONS

CAUSE OF DEATH

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1. DECEDENT'S NAME First: Frank, Middle: Rust, Last: GILCHRIST		2. SEX M	3. DATE OF DEATH (Month, Day, Year) February 26, 1991
4. SOCIAL SECURITY NUMBER 541 30 1200	5a. AGE - Last Birthday 66	5b. Under 1 Year Under 1 Day	6. PLACE OF DEATH (City, State, and Country) Big Rapids, MI
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <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 type="checkbox"/> Other (Specify)	
10. FACILITY NAME (If not institution, give street and number) St. Charles Medical Center		11. COUNTY OF DEATH Deschutes	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner Lumber Company		10b. KIND OF BUSINESS/INDUSTRY Timber	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Helen Hill	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Gilchrist		13d. STREET AND NUMBER Whitechrist Drive	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97737	
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		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) 3		17. INFORMANT - Name and relationship to decedent Benjamin Gilchrist Son	
18. FATHER - Name first middle last Frank William Gilchrist		19. MOTHER - Name first middle last Mary Moorman	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pilot Butte Cemetery	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. LICENSE NUMBER (Of License) 3331	
22. NAME, ADDRESS AND ZIP OF FACILITY Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, OR 97701		23. DATE FILED (Month, Day, Year) February 27, 1991	
24. REGISTRAR'S SIGNATURE Jacqueline Mathis, Dep		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
26. TIME OF DEATH 7:55 P.		27. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Ivan R. Eastwood M.D.		29. 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)	
30. DATE SIGNED (Month, Day, Year) 2/26/91		31. DATE SIGNED (Month, Day, Year)	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Ivan R. Eastwood, M. D. 1501 N.E. Medical Center Drive Bend, OR 97701		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
34. 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>Aspiration</u>		Interval between onset and death <u>10 minutes</u>	
(b) <u>malnutrition &amp; weakness</u>		Interval between onset and death <u>1 week</u>	
(c) <u>Respirator related</u>		Interval between onset and death <u>20 years</u>	
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>Respirator stops when</u>			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. DATE OF INJURY (Month, Day, Year)		39. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	
40. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41. DESCRIBE HOW INJURY OCCURRED	
42. LOCATION (Street and Number or Rural Route Number, City or Town, State)		43. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Return:

97707

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 3-90

STATE OF OREGON, COUNTY OF DESCHUTES

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE DESCHUTES COUNTY HEALTH DEPARTMENT AND IN MY OFFICIAL CARE AND CUSTODY.

NOT VALID WITHOUT RAISED SEAL OF  
DESCHUTES COUNTY HEALTH DEPARTMENT

Jacqueline Mathis, Deputy Registrar  
JACQUELINE MATHIS, DEPUTY REGISTRAR  
DATE February 28, 1991

STATE OF OREGON, ss.  
County of Klamath

Filed for record at request of:

Niswonger-Reynolds Inc.  
on this 8th day of March A.D., 19 91  
at 10:50 o'clock A.M. and duly recorded  
in Vol. M91 of Deeds Page 4202  
Evelyn Biehn County Clerk  
By Pauline Mulendore Deputy.

Fee, \$8.00

STATE OF OREGON ) ss.  
COUNTY OF DESCHUTES )

I, MARY SUE PENHOLLOW, COUNTY CLERK AND  
RECORDER OF CONVEYANCES, IN AND FOR SAID  
COUNTY, DO HEREBY CERTIFY THAT THE WITHIN  
INSTRUMENT WAS RECORDED THIS DAY:

91 MAR -4 AM 8:09

MARY SUE PENHOLLOW  
COUNTY CLERK

DEPUTY  
BY 91-05139  
NO. DESCHUTES COUNTY OFFICIAL RECORDS