

MTC 25102

CERTIFICATE OF DEATH

Local File Number: MTC 25102 State File Number: _____

1. DECEDENT'S NAME First: <u>Joanne</u> Middle: <u>Judith</u> Last: <u>JONES</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>June 18, 1990</u>
4. SOCIAL SECURITY NUMBER <u>544-42-4857</u>	5a. AGE - Last Birthday (Years) <u>49</u>	5b. Under 1 Year Months: _____ Days: _____ Hours: _____	5c. Under 1 Day Hours: _____ Minutes: _____
6. BIRTHPLACE (City and State or Foreign Country) <u>Bend, Oregon</u>		7. DATE OF BIRTH (Month, Day, Year) <u>December 21, 1940</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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <u>Summer home</u>			
9b. FACILITY NAME (If not institution, give street and number) <u>Beechwood Drive</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Lapine</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Housewife</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Own Home</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Gary</u>	
13a. RESIDENCE - STATE <u>Oregon</u>	13b. COUNTY <u>Lane</u>	13c. CITY, TOWN, OR LOCATION <u>Junction City</u>	
13d. STREET AND NUMBER <u>91154 River Road</u>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16 or 17+) <u>12</u>	
17. FATHER - NAME first middle last <u>Kenneth - Braaten</u>		18. MOTHER - NAME first middle maiden <u>Rosella - Hurst</u>	
19. INFORMANT - NAME and relationship to decedent <u>Gary Jones, husband</u>		20. LOCATION - City or Town, State <u>Eugene, Oregon</u>	
21. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Chapel of Memories Funeral Home</u> <u>3745 W. 11th, Eugene, OR 97402</u>	
23. DATE FILED (Month, Day, Year) <u>JUN 28 1990</u>		24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
27. TIME OF DEATH <u>5:25 P. M.</u>			
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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>Gary Lee M.D.</u>			
30. DATE SIGNED (Month, Day, Year) <u>6-19-1990</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Gary Lee M.D., 755 E. 11th Avenue #100, Eugene, Oregon 97401</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>Dieter Morich M.D.</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>LIVER FAILURE</u> (b) <u>ADVANCED METASTATIC BREAST CANCER</u> (c) _____			
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk			
36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
37. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" 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"/> Accidental <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) ____		41b. TIME OF INJURY ____	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) ____	

RETURN TO:
Bend Title Co.

ORIGINAL - VITAL STATISTICS COPY

45-2 REV 1-89

P.O. Box 4325 Sun River, OR 97707 attn: Cindy Neugart #SR9711CN

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED JUN 28 1990

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 9th day
of May A.D., 19 91 at 11:41 o'clock A M., and duly recorded in Vol. M91
of Deeds on Page 8742

FEE \$8.00

Evelyn Biehn County Clerk

By Donna A. Verling