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E-7172

I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

RECEIVED SEP 05

136-

Local File Number

# CERTIFICATE OF DEATH

State File Number

**DECEDENT**

1 DECEDENT'S NAME: First: COLLETTE; Middle: –; Last: BARTRUFF
2 SEX: F
3 DATE OF DEATH (Month, Day, Year): August 31, 1990
4 SOCIAL SECURITY NUMBER: 542-48-7851
5a AGE - Last Birthday (Years): 47
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Portland, Oregon
7 DATE OF BIRTH (Month, Day, Year): December 16, 1942
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a 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): Mt. Hood Medical Center
9c CITY, TOWN, OR LOCATION OF DEATH: Gresham
9d COUNTY OF DEATH: Multnomah
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Waitress
10b KIND OF BUSINESS/INDUSTRY: Restaurant
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12 SPOUSE (If Married, Widowed): Merrill
13a RESIDENCE - STATE: Oregon
13b COUNTY: Multnomah
13c CITY, TOWN, OR LOCATION: Portland
13d STREET AND NUMBER: 220 S.E. 188th
13e INSIDE CITY LIMITS? ☐ Yes ☐ No
13f ZIP CODE: 97233
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): 12 | College (1-4 or 5+):

**PARENTS**

17 FATHER - NAME first middle last: Lorne Purdy
18 MOTHER - NAME first middle maiden: Leona Cain
19 INFORMANT - NAME and relationship to deceased: Merrill Bartruff, Spouse

**DISPOSITION**

20a METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Columbia Crematory
20c LOCATION - City or Town, State: Gresham, Oregon

**REGISTRAR**

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merlene Latomez
21b LICENSE NUMBER (Of Licensee): 0152
22 NAME, ADDRESS AND ZIP OF FACILITY: Bateman Carroll Funeral Chapel, P.O. Box 407, Gresham, OR 97030
23 DATE FILED (Month, Day, Year): SEP 11 1990
24 REGISTRAR'S SIGNATURE: Arthur W. Bloom
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26 WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

**CERTIFIER**

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 4:20 PM
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)
30 DATE SIGNED (Month, Day, Year): Sept 9th 1990

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Dr. Ralph Burke MD, 12770 S.E. Stark, Portland, Oregon 97233
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

**CAUSE OF DEATH**

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

PART I
36 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter modes of dying, eg. Cardiac or Respiratory Arrest. Interval between onset and death
(a) ARDS
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.
(1) MULTIPLE CONTUSIONS ENTIRE BODY
(2) RENAL FAILURE
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
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

AFTER RECORDING RETURN TO:
MERRILL BARTRUFF
220 S. E. 188th AVE
Rockwood Apts #90
Portland, OR 97233

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

SEP 11 1990

DATE ISSUED

ARTHUR W BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 6th day of Sept. A.D., 19 91 at 2:14 o'clock P.M., and duly recorded in Vol. M91, of Deeds on Page 17825.

Evelyn Biehn · County Clerk

FEE $8.00

By Deputy