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CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

I.D. TAG NO. 096334
Local File Number 91-44
136- State File Number

DECEDENT'S

1. DECEDENT'S NAME: First Mabel; Middle Ardis; Last SCHUMACHER
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): September 11, 1991
4. SOCIAL SECURITY NUMBER: 540-44-2938
5a. AGE-Last Birthday (Years): 79
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Silver Lake, OR
7. DATE OF BIRTH (Month, Day, Year): August 12, 1912
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): North Highway 31
9c. CITY, TOWN, OR LOCATION OF DEATH: Silver Lake
9d. COUNTY OF DEATH: Lake
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Rancher
10b. KIND OF BUSINESS/INDUSTRY: Cattle
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Daniel D.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Silver Lake
13d. STREET AND NUMBER: North Highway 31
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97638
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): 2; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: William G. Lane
18. MOTHER - NAME first middle maiden: Vena Wallace
19. INFORMANT - NAME and relationship to deceased: Wilda Henkle, Sister

DISPOSITION

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

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 3221
22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, OR 97701
23. DATE FILED (Month, Day, Year): September 16, 1991
24. REGISTRAR'S SIGNATURE: Barbara Wheelock, Deputy
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: M
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)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 3:15 P. M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): September 11, 1991 3:15 PM
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): William R. Lee, M.D.
33. DATE SIGNED (Month, Day, Year): 9-12-91
COUNTY: Deschutes
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): William R. Lee, M.D. 2275 N.E. Doctor's Dr. Bend, OR 97701
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

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
PART I (a) Arteriosclerotic Heart Disease — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.
37. Did tobacco use contribute in 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 ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Could not be determined without further investigation
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
41c. INJURY AT WORK?
41d. DESCRIBE HOW INJURY OCCURRED
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) (e.g. Residence, construction site, factory, building etc.) (Specify)

THIS IS AN EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE LAKE COUNTY REGISTRAR'S OFFICE

Barbara Wheelock
BARBARA WHEELOCK
DEPUTY REGISTRAR
LAKE COUNTY OREGON

RESERVED FOR REGISTRAR'S USE

DATE ISSUED September 16, 1991

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Niswonger-Reynolds Inc. the 27th day of Sept. A.D., 9 91 at 9:21 o'clock A.M., and duly recorded in Vol. M91, of Deeds on Page 19631.

Evelyn Biehn, County Clerk
By Paulina Nuendorf

FEE $8.00
Return: Niswonger-Reynolds Inc.
P.O. Box 229, Bend, OR. 97709