TYPE OR PRINT IN PERMANENT BLACK INK

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G-0414
I.D. TAG NO.

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538
Local File Number

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

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Charlotte; Middle: Ann; Last: DEASON
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): October 8, 1991
4. SOCIAL SECURITY NUMBER: 359-24-3908
5a. AGE-Last Birthday (Years): 61
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Marion, Illinois
7. DATE OF BIRTH (Month, Day, Year): June 22, 1930
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): St. Charles Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Bend
9d. COUNTY OF DEATH: Deschutes
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widowed
12. SPOUSE (If Married, Widowed): George
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Deschutes
13c. CITY, TOWN OR LOCATION: LaPine
13d. STREET AND NUMBER: HC 61
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97739
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: Tillman M. Pitts
18. MOTHER - NAME first middle maiden: Virginia M. Kelley
19. INFORMANT - NAME and relationship to deceased: Sandi Ramsey, Daughter

DISPOSITION

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

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Or Licensee): 3110
22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds, Inc 105 N.W. Irving Bend, Oregon 97701
23. DATE FILED (Month, Day, Year): October 10, 1991
24. REGISTRAR'S SIGNATURE: [signature] 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: 1:45 P.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): [signature] MD
30. DATE SIGNED (Month, Day, Year): 10/8/91

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): Robert F. Boone, M.D. 1501 N. E. Medical Center Bend, Oregon 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) DUE TO, OR AS A CONSEQUENCE OF: METASTATIC CERVICAL CANCER — Interval Between Onset and Death: 2 months
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval Between Onset and Death:
(c) PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1. — Interval Between Onset and Death:

37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES was 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

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 [signature] Jacqueline Mathis Deputy Registrar

DATE October 10, 1991

Return: Niswonger-Reynolds Inc.
P.O. Box 229
Bend, Or. 97709

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Niswonger-Reynolds Inc.

on this 17th day of Oct. A.D., 19 91
at 3:06 o'clock P M. and duly recorded
in Vol. M91 of Deeds Page 21752.
Evelyn Biehn County Clerk
By Pauline Mullendore Deputy.

Fee, $8.00

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