38033

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D-5230
I.D. TAG NO.

343-39
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: John; Middle: George; Last: ESCOVEDO
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): May 18, 1988 found
4. SOCIAL SECURITY NUMBER: 572-54-1591
5a. AGE - Last Birthday (Years): 45
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Las Vegas NV
7. DATE OF BIRTH (Month, Day, Year): February 28, 1943
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 Residence ☒ Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): MP 17 Cow Creek Rd
8c. CITY, TOWN, OR LOCATION OF DEATH: Azalea
8d. COUNTY OF DEATH: Douglas
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Tree Planter
10b. KIND OF BUSINESS/INDUSTRY: Forestry
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Anne
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Douglas
13c. CITY, TOWN, OR LOCATION: Azalea
13d. STREET AND NUMBER: 14716 Cow Creek Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97410
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☒ Yes Specify: Yes
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+): 6

PARENTS

17. FATHER - NAME first middle last: John Thomas Escovedo
18. MOTHER - NAME first middle maiden: Doris Camnack
19. INFORMANT - NAME and relationship to deceased: Doris Escovedo Mother

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): Blackmarr's Crematory
20c. LOCATION - City or Town, State: Myrtle Creek, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Melvin E Blackmarr
21b. LICENSE NUMBER (Of Licensee): 3041
22. NAME, ADDRESS AND ZIP OF FACILITY: Blackmarr's Mountain View Funeral Home Inc. 428 NE Pacific Hwy Myrtle Creek OR 97457

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN — DOUGLAS

23. TIME OF DEATH: 1430 pm
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)
26. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: 1430 pm
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): May 18, 1988 1430 pm
28. On the basis of examination and investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature) Steve Fletcher MD
29. DATE SIGNED (Month, Day, Year): May 31, 1988 COUNTY: Douglas
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Steve Fletcher, M.D. 621 W Madrone Roseburg, OR 97470
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

CAUSE OF DEATH

32. 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) Multiple traumatic injuries — Interval between onset and death: immediate
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)
33. AUTOPSY ☒ Yes ☐ No
34. If YES were findings considered in determining cause of death? YES

13 — 35. MANNER OF DEATH: ☐ Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year): found May 18, 1988
36b. TIME OF INJURY: 1430 pm
36c. INJURY AT WORK? ☐ Yes ☒ No
36d. DESCRIBE HOW INJURY OCCURRED: Driver of Pickup which ran off dirt road
14 — 36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): road
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State): Cow Creek Rd, Azalea, OR
15 — REGISTRAR

37. REGISTRAR'S SIGNATURE: Janice Brock
38. DATE FILED (Month, Day, Year): JUN 2 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
40. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A
RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 1-88

STATE OF OREGON)
COUNTY OF DOUGLAS) SS.

Date of Issue JUN 2 1988

This certifies that the foregoing is a correct and complete transcript of a record on file with the Douglas County Health Department.

S E A L

PETER C. MULDER.
Registrar of Vital Records for
Douglas County, Oregon
By Janice Brock
Deputy Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Anne Escovedo the 29th day of November A.D., 19 91 at 2:29 o'clock P. M., and duly recorded in Vol. M91 of Deeds on Page 25028.

FEE $8.00

Evelyn Biehn County Clerk
By Bernetha J. Ketch

62 2 PM 62 NOV 16,

Anne Escovedo
14716 Upper Cow Creek Rd
Azalea, OR 97410