MAC 24487

OREGON HEALTH DIVISION

38580

CENTER FOR HEALTH STATISTICS Vol. M91 Page 25964

39295 I.D. TAG NO.

560 Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

88-019619

136- State File Number

CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First / Middle / Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
Ruby	M.	DENHAM	F	October 17, 1988

4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR (Mos. / Days)	5c. UNDER 1 DAY (Hours / Mins.)	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
543-24-2916	67			Tillamook, Oregon	Jan. 7, 1921

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 Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Lebanon Community Hospital	Lebanon	Linn

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Clerk	Grocery	Married	Ralph H.

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Oregon	Linn	Lebanon	590 Wagon Wheel Dr.

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
☒ Yes ☐ No	97355	☐ No ☐ Yes Specify:	White	12	

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Frank Hubler	Anna Handy	Ralph Denham - Husband

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

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
Ronald E. Starke	3355	Huston Funeral Home 86 W. Grant St.; Lebanon, OR 97355

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH	24. WAS MEDICAL EXAMINER NOTIFIED?
8:55 A M	☐ Yes ☒ No

25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) F. Leo Little

26. DATE SIGNED (Month, Day, Year)
10-17-88

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): F. Leo Little MD 55A Twin Oaks Lebanon OR 97355

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH	27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
M	M

28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)

29a. DATE SIGNED (Month, Day, Year)	COUNTY

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.

		Interval between onset and death
PART I (a)	Cerebral Thrombosis	2 days
(b) DUE TO, OR AS A CONSEQUENCE OF:		
(c) DUE TO, OR AS A CONSEQUENCE OF:		

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): Parkinsonism

Coronary Artery disease, Vascular disease

33. AUTOPSY ☐ Yes ☒ No

34. If YES were findings considered in determining cause of death?

35. MANNER OF DEATH	36a. DATE OF INJURY (Month, Day, Year)	36b. TIME OF INJURY	36c. INJURY AT WORK?	36d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner		M	☐ Yes ☐ No	

36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

37. REGISTRAR'S SIGNATURE	38. DATE FILED (Month, Day, Year)
Dawn R. Walker, Deputy	October 18, 1988

39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?	40. WAS GIFT MADE?
☐ YES ☐ NO ☒ N/A	☐ YES ☒ NO ☐ N/A

RESERVED FOR REGISTRAR'S USE

'91 DEC 12 PM 2 35

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DEC 10 1991

DATE ISSUED

Edward J. Johnson II

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 12th day of Dec. A.D., 19 91 at 2:35 o'clock P M., and duly recorded in Vol. M91, of deeds on Page 25964.

Evelyn Biehn County Clerk

FEE $8.00

By Donna Mullendore

Return: MTC