CERTIFICATION OF VITAL RECORD

ASPEN 6756S

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

F-1384
I.D. TAG NO.

136-Vol. M92 Page 3484
State File Number

1237
Local File Number

1. DECEDENT'S NAME: First Robert; Middle Wayne; Last TROUTMAN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 6, 1991
4. SOCIAL SECURITY NUMBER: 567-42-8235
5a. AGE - Last Birthday (Years): 56
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Akron OH
7. DATE OF BIRTH (Month, Day, Year): October 29, 1934
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)
8b. FACILITY NAME (If not institution, give street and number): Ashland Community Hospital
8c. CITY, TOWN, OR LOCATION OF DEATH: Ashland
8d. COUNTY OF DEATH: Jackson
9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sheet Metal Worker
10a. KIND OF BUSINESS/INDUSTRY: Construction
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): (Mary) Helen
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Jackson
13c. CITY, TOWN, OR LOCATION: Ashland
13d. STREET AND NUMBER: 95 West Nevada
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97520
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify: No
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):
17. FATHER - NAME first Harold; middle; last Troutman
18. MOTHER - NAME first Carolyn; middle; maiden Post
19. INFORMANT - NAME and relationship to deceased: Helen Troutman Wife
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Litwiller-Simonsen Crematory
20c. LOCATION - City or Town, State: Ashland, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Gary A. Roberts
21b. LICENSE NUMBER (Or Licensee): 3545
21c. NAME, ADDRESS AND ZIP OF FACILITY: Litwiller - Simonsen Funeral Home 1811 Ashland St., Ashland, OR 97520
DATE FILED (Month, Day, Year): JUL 12 1991
24. REGISTRAR'S SIGNATURE: Lilia Colvin
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2:48 ☐ 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)
30. DATE SIGNED (Month, Day, Year): 7/10/91

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: ☐ M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): ☐ M
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. Jerome Nitzberg MD 241 Maple Ashland, OR 97520
35. 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 →

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. Interval between onset and death:

PART I
(a) Sepsis — Interval: 3 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(b) UTI, chron — Interval: 1 year
DUE TO, OR AS A CONSEQUENCE OF:
(c) neurogenic bladder - supra nuclear palsy — Interval: 1 year

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I

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

45-2 REV. 1-89

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED JUL 12 1991

HENRY COLLINS JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 20th day of Feb. A.D., 19 92 at 2:39 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 3484.

Evelyn Biehn, County Clerk
By

FEE $10.00

Return: ATC