

096451

I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

138-

State File Number

Local File Number

096451
I.D. TAG NO. 109
42993

1. DECEDENT'S NAME First Middle Last
Irene Emily MONROE

2. SEX Female

3. DATE OF DEATH (Month, Day, Year) February 23, 1992

4. SOCIAL SECURITY NUMBER 539-22-9427

5a. AGE Last Birthday (Years) 68

5b. Under 1 Year Mos. Days

5c. Under 1 Day Hours Mins.

6. BIRTHPLACE (City and State or Foreign Country) Omak, Washington

7. DATE OF BIRTH (Month, Day, Year) August 13, 1923

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

9a. PLACE OF DEATH (Check only one)
☐ HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DOA ☒ OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) Central Oregon Health Care

9c. CITY, TOWN, OR LOCATION OF DEATH Bend

9d. COUNTY OF DEATH Deschutes

10a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired.) Customer Representative

10b. KIND OF BUSINESS/INDUSTRY Communications

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married

12. SPOUSE (If Married, Widowed) Robert Monroe

13a. RESIDENCE - STATE Oregon

13b. COUNTY Deschutes

13c. CITY, TOWN OR LOCATION LaPine

13d. STREET AND NUMBER 15727 Parkway Drive

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

15. RACE American Indian, Black, White, etc. (Specify) White

16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)

17. FATHER - NAME first middle last Alfred John Johnson

18. MOTHER - NAME first middle maiden Lucille Taylor

19. INFORMANT - NAME and relationship to deceased Robert Monroe Husband

20a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) LaPine Cemetery

20c. LOCATION - City or Town, State LaPine, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH *Ann Reynolds*

21b. LICENSE NUMBER (Of Licensee) 0087

22. NAME, ADDRESS AND ZIP OF FACILITY Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, OR 97701

23. DATE FILED (Month, Day, Year) February 25, 1992

24. REGISTRAR'S SIGNATURE *Jacqueline Mathis, Dep*

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 9:00 A. M. ☐ Yes ☒ No

28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) *Robert F. Boone MD*

29. DATE SIGNED (Month, Day, Year) Feb. 23, 1992

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert F. Boone, M. D. 1501 N.E. Medical Center Drive Bend, OR. 97701

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

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) METASTATIC BREAST CANCER

DUE TO, OR AS A CONSEQUENCE OF:

(b)

DUE TO, OR AS A CONSEQUENCE OF:

(c)

OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. DIABETES

37. Did tobacco use contribute to the death? ☐ Yes ☒ Probably ☐ No ☐ Unknown

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 Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide

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)

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45-2 Rev

DATE ISSUED

Feb 25, 1992

FLORENCE ABEND-TORRIGINO
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Robert Monroe the 2nd day of April A.D., 19 92 at 12:35 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 6965.

FEE \$10.00

Evelyn Biehn County Clerk

By

Pauline L. Williams

Return: Robert Monroe

15727 Parkway Dr., LaPine, Or. 97739