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TYPE OR PRINT IN PERMANENT BLACK INK

116438 I.D. TAG NO.

592 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: Loren; Middle: Lee; Last: LASHER
2. SEX: M
3. DATE OF DEATH (Month, Day, Yes): April 11, 1992
4. SOCIAL SECURITY NUMBER: 544-60-0198
5a. AGE-Last Birthday (Years): 41
5b. Under 1 Year: Mos / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, OR
7. DATE OF BIRTH (Month, Day, Yes): October 17, 1950
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): Oregon State Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Salem
9d. COUNTY OF DEATH: Marion
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Forklift Operator
10b. KIND OF BUSINESS/INDUSTRY: Lumber Company
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Julie Lasher
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4405 Bisbee Street
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
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: Neil Lasher
18. MOTHER - NAME first middle maiden: Thelma Enson
19. INFORMANT - NAME and relationship to deceased: Julie Lasher, Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: David Noble for Tim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Hwy. #39, Klamath Falls OR 9760
23. DATE FILED (Month, Day, Year): APR 13 1992
24. REGISTRAR'S SIGNATURE: Ruth A. Johnson
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: 4:15 PM
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): Barney S. Saunders M.D.
30. DATE SIGNED (Month, Day, Year): 4-13-92
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Barney S. Saunders, M.D. 2600 Center St. NE, Salem OR 973
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hc
32. On the basis of examination and/or investigation, in my opinion death occu at the time, date, place and due to the cause(s) and manner stated (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

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) Meningioma of the brain — Interval between on and death: 3 year
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between on and death
(c) DUE TO, OR AS A CONSEQUENCE OF — Interval between on and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Seizure disorder
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings co 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
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,

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY 45-2 Re

APR 13 1992 APR 15 1992

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

DATE ISSUED MAY 01 1992

Ruth A. Johnson
RUTH A. JOHNSON
COUNTY REGISTRAR
MARION COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Robert Pierrucini the 13th day of May A.D., 19 92 at 3:55 o'clock PM., and duly recorded in Vol. M92, of Deeds on Page 10482.

Evelyn Biehn, County Clerk

By _____

FEE $10.00

Return: Robert Pierrucini
4400 Bisbee, Klamath Falls, Or. 97603