CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION Vol. M92 Page 15451
CENTER FOR HEALTH STATISTICS 136- State File Number
CERTIFICATE OF DEATH

102029 I.D. TAG NO.
17472
92-22-227 Local File Number

DECEDENT

1. DECEDENT'S NAME: First Everett; Middle E; Last MALONE
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): January 5, 1992
4. SOCIAL SECURITY NUMBER: 542-38-9260
5a. AGE-Last Birthday (Years): 88
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Bonanza, OR
7. DATE OF BIRTH (Month, Day, Year): June 29, 1903
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): Mercy Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Roseburg
9d. COUNTY OF DEATH: Douglas
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cattle Inspector
10b. KIND OF BUSINESS/INDUSTRY: State Government
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Helen
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Douglas
13c. CITY, TOWN OR LOCATION: Roseburg
13d. STREET AND NUMBER: 1321 NE Alameda
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97470
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): 5; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: James Daniel Malone
18. MOTHER - NAME first middle maiden: Etta Mary Finnley

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Vicki Gallagher - Guardian
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Uniservice Crematory
20c. LOCATION - City or Town, State: Roseburg, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 3530
22. NAME, ADDRESS AND ZIP OF FACILITY: Long & Shukle Memorial Chapel, 809 SE Pine - Roseburg, Oregon 97470
23. DATE FILED (Month, Day, Year): JAN 13 1992
24. REGISTRAR'S SIGNATURE: [signature]
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: 6:15 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): [signature]
30. DATE SIGNED (Month, Day, Year): 1/8/92
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Fred Black, M.D. 277 Medical Loop Roseburg, OR 97470

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)
COUNTY
33. DATE SIGNED (Month, Day, Year)

CAUSE OF DEATH

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.
PART I (a) Acute Cardiac Arrest — Interval between onset and death: unk
(b) DUE TO, OR AS A CONSEQUENCE OF: AVS — Interval between onset and death: unk
(c) DUE TO, OR AS A CONSEQUENCE OF: Diabetes — Interval between onset and death: unk
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

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 ☐ 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)

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

JAN 13 1992
DATE ISSUED

Rick Thompson
RICK THOMPSON
COUNTY REGISTRAR
DOUGLAS COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ina Gallagher the 14th day of July A.D., 19 92 at 2:07 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 15451

Evelyn Biehn County Clerk
By Deputy

FEE $10.00
Return: Ina V. Gallagher, 1321 NE Alameda, Roseburg, Or. 97470