

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

48472

Vol. 92 Page 17309

92 AUG 4 PM 2 33

D 2374		OREGON STATE HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES		88-012666	
U1150		Vital Records Unit		138	
DECEDENT'S NAME Jeannette Wilke		Last COGBURN		DATE OF DEATH (Month, Day, Year) June 17, 1988	
SOCIAL SECURITY NUMBER 541-48-0214		AGE - Last Birthday (Years) 47		BIRTHPLACE (City and State or Foreign Country) Fast Andover, New Hampshire	
SEX F		DATE OF BIRTH (Month, Day, Year) December 22, 1940		PLACE OF DEATH (Check only one) Nursing Home Decedent's Residence (Specify)	
FACILITY NAME (If not residential, give street and number) 222 Ivanhoe		CITY, TOWN, OR LOCATION OF DEATH Eugene		COUNTY OF DEATH Lane	
DECEDENT'S USUAL OCCUPATION Teacher Aide		KIND OF BUSINESS INDUSTRY Churchill High School		MARRITAL STATUS - Married (Specify) married	
RESIDENCE - STATE Oregon		CITY, TOWN, OR LOCATION Eugene		STREET AND NUMBER 222 Ivanhoe	
RESIDENCE - CITY Lane		CITY, TOWN, OR LOCATION Eugene		STREET AND NUMBER 222 Ivanhoe	
ZIP CODE 97404		RACE white		EDUCATION (Specify, give highest grade completed) 12	
FATHER - NAME Brayton Carlisle		MOTHER - NAME Helen Kinston		IF DECEASED - NAME AND RELATIONSHIP TO DECEASED O. B. Cogburn - Husband	
METHOD OF DEPOSITION Cremation		PLACE OF DEPOSITION Lounsbury-Musgrove Crematory		CITY, TOWN, OR LOCATION Eugene Oregon	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Musgrove</i>		LICENSE NUMBER 3503		NAME, ADDRESS AND ZIP OF FACILITY Lounsbury-Musgrove Mortuary Inc. 1152 Olive St - Eugene - Oregon 97401	
TIME OF DEATH Found 4:20 P.M.		WAS MEDICAL EXAMINER NOTIFIED? No		DATE PHONOUNCED DEAD (Month, Day, Year) 6-20-88	
DATE SIGNED (Month, Day, Year) 6-20-88		NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER Olin Byerly - M.D. - 890 River Road - Eugene - Oregon - 97404		DATE SIGNED (Month, Day, Year)	
IMMEDIATE CAUSE (IF OTHER THAN THE CAUSE PER USE OF FORCEFUL MEANS, LIST ALL CAUSES IN ORDER OF OCCURRENCE) PULMONARY EMBOLUS		OTHER SIGNIFICANT CONDITIONS Obesity, Rectocele, Scurvy + Scurvy Type / Retinopathy		MANNER OF DEATH Sudden	
DUE TO OR AS A CONSEQUENCE OF Thrombophlebitis deep leg veins		MANNER OF DEATH Sudden		MANNER OF DEATH Sudden	
MANNER OF DEATH Sudden		MANNER OF DEATH Sudden		MANNER OF DEATH Sudden	

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.



DATE ISSUED FEB 26 1992

Edward J. Johnson
EDWARD J. JOHNSON
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ola B. Cogburn Jr. the 4th day of Aug. A.D., 19 92 at 2:33 o'clock P. M., and duly recorded in Vol. M92 of Deeds on Page 17309.

FEE \$10.00
Return: Ola B. Cogburn Jr.
222 Ivanhoe, Eugene, Or. 97404

Evelyn Biehn County Clerk
By Dorlene Mulvaney