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I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION Vol. M92 Page 22248
CENTER FOR HEALTH STATISTICS 136.
CERTIFICATE OF DEATH

State File Number

DECEDENT

DISPOSITION

REGISTRAR

CERTIFIER

CONDITIONS

CAUSE OF DEATH

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1. DECEDENT'S NAME First: <u>Marvin</u> Middle: <u>Riley</u> Last: <u>THOMPSON</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>February 6, 1992</u>
4. SOCIAL SECURITY NUMBER <u>531-16-0442</u>		5a. AGE-Last Birthday (Years) <u>76</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Baker, Oregon</u>		7. DATE OF BIRTH (Month, Day, Year) <u>June 19, 1915</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) <u>2931 Far West Ave.</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Medford</u>	
9d. COUNTY OF DEATH <u>Jackson</u>		10. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) <u>Building Contractor</u>	
10b. KIND OF BUSINESS/INDUSTRY <u>Construction</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed, Divorced (Specify) <u>Virginia Thompson</u>		13. STREET AND NUMBER <u>2914 Far West Ave.</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. CITY, TOWN OR LOCATION <u>Jackson</u>	
13c. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13d. ZIP CODE <u>97501</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE, American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u> </u> College (1-4 or 5+) <u> </u>		17. FATHER - NAME first middle last <u>Butterfield</u>	
18. MOTHER - NAME first middle maiden <u>Virginia Thompson, wife</u>		19. INFORMANT - NAME and relationship to decedent <u>Virginia Thompson, wife</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eagle Point National Cemetery</u>	
20c. LOCATION - City or Town, State <u>Eagle Point, OR</u>		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Tom Keck</u>	
21b. LICENSE NUMBER (If License) <u>3418</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Perl Funeral Home 426 W. 6th Street Medford, OR 97501</u>	
23. DATE FILED (Month, Day, Year) <u>FEB 11 1992</u>		24. REGISTRAR'S SIGNATURE <u>Selma Collins</u>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
27. TIME OF DEATH <u>9:00</u> A M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) <u>Mark G. Moran</u>			
30. DATE SIGNED (Month, Day, Year) <u>2/10/92</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Mark G. Moran 520 Medical Center Dr. #100 Medford, OR 97504</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) <u>Cardiac Arrest</u>		Interval between onset and death <u>minutes</u>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <u>Coronary Heart Failure</u>		<u>years</u>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) <u>Coronary Artery Disease</u>		<u>years</u>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal intervention <input type="checkbox"/> Homicide	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41d. DESCRIBE HOW INJURY OCCURRED	
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

AFTER RECORDING RETURN TO:
Virginia R. Thompson
2931 Far West, Medford, OR 97501

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 791

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

FEB 11 1992

DATE ISSUED

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 25th day
of Sept. A.D., 19 92 at 11:31 o'clock A M., and duly recorded in Vol. M92,
of Deeds on Page 22248.

FEE \$10.00

Evelyn Biehn County Clerk

By Douglas M. Mendenhall