Return to:

57960

'93 FEB 25 AM 11 34

Vol. M93 Page 4063

Shelley Florez
Towle Products, Inc.
P.O. Box 994
Pebble Beach, CA 93953

MTC 1396-6199

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

45955 — I.D. TAG NO.
413 — Local File Number
136- — State File Number

1. DECEDENT'S NAME: First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)	
Mary	Leone	DARINGER	F	December 28,1988	
4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR: Mos. / Days	5c. UNDER 1 DAY: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
304-05-0676	79			Blackford Co.,Indiana	October 29,1909

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 Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
650 S.W.54th Street	Corvallis	Benton

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Clerk	U.S.Civil Service	Married	Wilfred

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Oregon	Benton	Corvallis	650 S.W.54th Street

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	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)	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12)	College (1-4 or 5+)
☐ Yes ☒ No	97333		White	10	

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Samuel Parsons DePoy	Della Ann Winterhalter	Wilfred Daringer-Husband

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Franklin Cemetery	Junction City,Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Or Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
Edward W. Murphey	3427	Murphy-Musgrove 480 W.7th Street Junction City,Oregon 97448

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: M

24. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No

25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)

26. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: 5:30 +- a M

27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 12/28/88 5:30 A M

28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature) James D Gallant

29. DATE SIGNED (Month, Day, Year): 12/28/88 COUNTY: BENTON

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James D.Gallant M.D.M.E. 3640 N.W.Samaritan Drive Corvallis,Oregon 97330

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.

		Interval between onset and death
PART I (a)	Presumed Atherosclerotic heart disease	?
(b) DUE TO, OR AS A CONSEQUENCE OF:		
(c) DUE TO, OR AS A CONSEQUENCE OF:		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)		

33. AUTOPSY: ☐ Yes ☒ No

34. If YES were findings considered in determining cause of death?

35. MANNER OF DEATH	36a. DATE OF INJURY (Month, Day, Year)	36b. TIME OF INJURY	36c. INJURY AT WORK?	36d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner		M	☐ Yes ☐ No	

36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

37. REGISTRAR'S SIGNATURE: Karen L. Leonberger

38. DATE FILED (Month, Day, Year): December 29, 1988

39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

40. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

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

DATE ISSUED JAN 03 1989

COUNTY REGISTRAR
BENTON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 26th day of February A.D., 19 93 at 11:34 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 4063.

Evelyn Biehn County Clerk

FEE $10.00

By Annette Mueller