TYPE OR PRINT IN PERMANENT BLACK INK

59045 65826 I.D. TAG NO. 9305297

12250 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

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136- State File Number

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5/10

DECEDENT

Field	Entry
1. Decedent's Name (First / Middle / Last)	Audrey / Mae / BAYS
2. Sex	F
3. Date of Death (Month, Day, Year)	November 16, 1989
4. Social Security Number	541-32-5610
5a. Age - Last Birthday (Years)	56
5b. Under 1 Year (Mos. / Days)	
5c. Under 1 Day (Hours / Mins.)	
6. Birthplace (City and State or Foreign Country)	Grand Rapids, Minnesota
7. Date of Birth (Month, Day, Year)	April 11, 1933
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)	5916 "G" Street
9c. City, Town, or Location of Death	Springfield
9d. County of Death	Lane
10a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired.)	Homemaker
10b. Kind of Business/Industry	Own Home
11. Marital Status - Married, Never Married, Widowed, Divorced (Specify)	Married
12. Spouse (If Married, Widowed)	Richard
13a. Residence - State	Oregon
13b. County	Lane
13c. City, Town, or Location	Springfield
13d. Street and Number	5916 "G" Street
13e. Inside City Limits?	☒ Yes ☐ No
13f. Zip Code	97478
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) / College (1-4 or 5+)	—

PARENTS

Field	Entry
17. Father - Name (first, middle, last)	Walter A. Johnson
18. Mother - Name (first, middle, maiden)	Celestine Michaud
19. Informant - Name and relationship to deceased	Richard D. Bays-Husband

DISPOSITION

Field	Entry
20a. Method of Disposition	☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. Place of Disposition (Name of cemetery, crematory, or other place)	Springfield Memorial Gardens
20c. Location - City or Town, State	Springfield, Oregon
21a. Signature of Funeral Service Licensee or Person Acting as Such	Orin Mack Moore
21b. License Number (Of Licensee)	47-3275
22. Name, Address and Zip of Facility	Springfield Memorial Gardens & Funeral Home 7305 Main Street Springfield, Oregon 97478

REGISTRAR

Field	Entry
23. Date Filed (Month, Day, Year)	DEC [illegible]
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

11-29-89

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

Field	Entry
27. Time of Death	22:14 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)	J Joseph Kintz
30. Date Signed (Month, Day, Year)	11/17/89

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

Field	Entry
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)	
33. Date Signed (Month, Day, Year)	
County	

34. Name, Title, Address and Zip of Certifier/Medical Examiner (Type or Print): Joseph J. Kintz M.D. 1110 N. 18th Springfield, Oregon 97477

35. Name of Attending Physician if Other Than Certifier (Type or Print):

11-29-89

CAUSE OF DEATH

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.

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

Part I	Cause	Interval between onset and death
(a)	Respiratory Failure	48 hrs
(b) DUE TO, OR AS A CONSEQUENCE OF:	Metastatic Small Cell Carcinoma of lung	1 year
(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 I.

Field	Entry
37. Did tobacco use contribute to the death?	☒ Yes ☐ No ☐ Probably ☐ Unk
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)	

0008 JAN.27'93 #05REC 5.00

9909 JAN.27'93 #06PFUND 10.00

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

45-2 REV. 1-89

STATE OF OREGON, COUNTY OF LANE

DATE November 29, 1989

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION.

[signature]
Registrar of Vital Statistics

By [signature]
Deputy Registrar

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

9305297

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Legal Assistants Associates
of March A.D., 19 93 at 10:19 o'clock A M., and duly recorded in Vol. M93 day
of Deeds on Page 6125
FEE $15.00 Evelyn Biehn County Clerk
By Annette Mueller

9305297

State of Oregon,
County of Lane—ss.

I, the County Clerk, in and for the said County, do hereby certify that the within instrument was received for record at

27 JAN 93 11 07

Reel 1821R

Lane County OFFICIAL Records.
Lane County Clerk

By: Annette Mueller
County Clerk