TYPE OR PRINT IN PERMANENT BLACK INK

65826

59045 I.D. TAG NO. 9305297

Local File Number

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

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136-

State File Number

**DECEDENT**

1. DECEDENT'S NAME: First Audrey Middle Mae Last 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**

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**

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: Eric 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**

23. DATE FILED (Month, Day, Year): NOV [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

**CERTIFIER**

TO BE COMPLETED BY CERTIFYING PHYSICIAN

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): [signature]
30. DATE SIGNED (Month, Day, Year): 11/17/89

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)
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)

**CAUSE OF DEATH**

CONDITIONS IF ANY, WHICH GIVE 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) Pleuropulmonary Failure — Interval between onset and death: 48 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(b) Metastatic Renal Cell Carcinoma — Interval between onset and death: 2 years
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

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 or R.F.D. Number, City or Town, State)

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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.

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 the 26th day of March A.D., 19 93 at 10:19 o'clock A M., and duly recorded in Vol. M93, 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