93 APR 1 AM 9 46

59293

Vol M93 Page 6594

G-2083
I.D. TAG NO.
15
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136
State File Number

1. DECEDENT'S NAME: First: James; Middle: Addison; Last: AUSTIN SR.
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): January 8, 1993
4. SOCIAL SECURITY NUMBER: 242-26-6605
5a. AGE-Last Birthday (Years): 69
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Charlotte, NC
7. DATE OF BIRTH (Month, Day, Year): February 22, 1923
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): Senior Home
9b. FACILITY NAME (If not institution, give street and number): 145 NE Conifer Blvd
9c. CITY, TOWN, OR LOCATION OF DEATH: Corvallis
9d. COUNTY OF DEATH: Benton
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Physician
10b. KIND OF BUSINESS/INDUSTRY: Medicine
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): -
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Lincon
13c. CITY, TOWN OR LOCATION: Otter Rock
13d. STREET AND NUMBER: 6720 Otter Crest Loop
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97369
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): 5+; College (1-4 or 5+):
17. FATHER - NAME first middle last: Frederick D. Austin Sr.
18. MOTHER - NAME first middle maiden: Lillian Ida Williams
19. INFORMANT - NAME and relationship to deceased: Ginny Goblirsch, Daughter
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Central Coast Crematorium
20c. LOCATION - City or Town, State: Newport, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Robert Vance Bateman
21b. LICENSE NUMBER (Of Licensee): 47-3033
21c. NAME, ADDRESS AND ZIP OF FACILITY: Bateman Funeral Home 97365, 915 NE Yaquina Hts. Dr. Newport.
22. DATE FILED (Month, Day, Year): January 11 1993
23. REGISTRAR'S SIGNATURE: Julie Collinsworth, deputy
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
25. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2:34 PM
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): James R Koski MD
30. DATE SIGNED (Month, Day, Year): 1/11/93
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): JAMES R. KOSKI, MD 3PO NW SAMARITAN AC CORVALLIS OR 97330
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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

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) Myocardial Infarction — Interval between onset and death: hour
DUE TO, OR AS A CONSEQUENCE OF (b) Atherosclerotic Heart Disease — Interval between onset and death: years
DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Renal Failure — Interval between onset and death: years
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Anemia, Cerebrovascular Disease
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
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
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)

After Recording Return To: Kurt Carstens, Attorney at Law
PO Box 1730
Newport, OR 97365

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

$10.00 DATE ISSUED: JAN 11 1993

TOM ENGLE
COUNTY REGISTRAR
BENTON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Kurt Carstens the 1st day of April A.D., 19 93 at 9:46 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 6594.

FEE $10.00

Evelyn Biehn - County Clerk
By Pauline Mullendore