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06-18-93P03:31 RCVD

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ASPEN 93793

CERTIFICATION OF VITAL RECORD

F-6018
I.D. TAG NO.
169
Local File Number

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

136
State File Number

DECEDENT

1. DECEDENT'S NAME — First: Duane; Middle: Andrew; Last: YOUNGERS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 25, 1993
4. SOCIAL SECURITY NUMBER: 527-26-1518
5a. AGE-Last Birthday (Years): 64
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Hospers, Iowa
7. DATE OF BIRTH (Month, Day, Year): January 15, 1929
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [X] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 19496 Mammoth Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Bend
9d. COUNTY OF DEATH: Deschutes
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Program Manager
10b. KIND OF BUSINESS/INDUSTRY: Aerospace
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Ardith
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Deschutes
13c. CITY, TOWN OR LOCATION: Bend
13d. STREET AND NUMBER: 19496 Mammoth Drive
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97702
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] 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+): 4

PARENTS

17. FATHER - NAME first middle last: Andrew L. Youngers
18. MOTHER - NAME first middle maiden: Trixie Gaye Johnson
19. INFORMANT - NAME and relationship to deceased: Ardith Youngers (wife)

DISPOSITION

20a. METHOD OF DISPOSITION: [ ] Mausoleum [ ] Burial [X] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Central Oregon Cremation Assoc.
20c. LOCATION - City or Town, State: Bend, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 3110
22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds, Inc. 105 NW Irving Bend, OR 97701

REGISTRAR

23. DATE FILED (Month, Day, Year): March 29, 1993
24. REGISTRAR'S SIGNATURE: [signature], Dep
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [ ] NO [X] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 4:50 P. M
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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] MD
30. DATE SIGNED (Month, Day, Year): 3/26/93

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): Stephen B. Kornfeld, M.D. 1501 NE Medical Center Drive Bend, OR 97701
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE 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	Cause	Interval between onset and death
(a)	Acute Myelogenous Leukemia	2 mo
(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 resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? [ ] Yes [X] No [ ] Probably [ ] Unknown
38. AUTOPSY [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A
40. MANNER OF DEATH: [X] 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 [X] 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)

RESERVED FOR REGISTRAR'S USE

After Recording Return to:
ARDITH Youngers
19496 mammoth DR.
Bend or 97702

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-92

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

DATE ISSUED: March 29, 1993

[signature]
FLORENCE ABEND-TORRIGINO
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title co the 18th day of June A.D., 19 93 at 3:31 o'clock PM., and duly recorded in Vol. M93, of Deeds on Page 14515.

Evelyn Biehn County Clerk
By [signature]

FEE $10.00