

105890

I.D. TAG NO.

711

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

State File Number

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65987

K-45465

1. DECEDENT'S NAME First Middle Last Edward Ralph MARSH			2. SEX M	3. DATE OF DEATH (Month, Day, Year) November 27, 1992
4. SOCIAL SECURITY NUMBER 518-03-7406	5a. AGE-Last Birthday (Years) 89	5b. Under 1 Year Mos. Days 1 1	5c. Under 1 Day Hours Mins 1 1	6. BIRTHPLACE (City and State or Foreign Country) Washburn, Wisconsin
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) Lebanon Community Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Lebanon		9d. COUNTY OF DEATH Linn
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Cook		10b. KIND OF BUSINESS/INDUSTRY Georgia Pacific		11. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify) Married
13a. RESIDENCE - STATE Oregon		13b. COUNTY Linn	13c. CITY, TOWN OR LOCATION Sweet Home	
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13e. ZIP CODE 97386		13f. STREET AND NUMBER 3551 Juniper St.
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 5+) 10
17. FATHER - NAME first middle last Alfred Marsh		18. MOTHER - NAME first middle maiden Rosa Stevenski		19. INFORMANT - NAME and relationship to deceased Eloise Marsh - Wife
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Gilliland Cemetery		20c. LOCATION City or Town, State Sweet Home, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Sherry D. Steckly</i>		21b. LICENSE NUMBER (Of Licensee) 53-0102		22. NAME, ADDRESS AND ZIP OF FACILITY Steckly-Tracewell Funeral Home 1443 Long St, Sweet Home, OR 97386
23. DATE FILED (Month, Day, Year) December 4, 1992		24. REGISTRAR'S SIGNATURE <i>Dawn R. Walker</i>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH 4:05 A.M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. <i>Richard Wopat M.D.</i>				
30. DATE SIGNED (Month, Day, Year) 11-30-92				
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) RICHARD WOPAT, M.D. 191 N. MAIN, LEBANON, OR. 97355				
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) ALAN BLAKE, M.D. 679 LONG ST, SWEET HOME, OR. 97386				
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)				Interval between onset and death
PART I (a) CHRONIC OBSTRUCTIVE PULMONARY DISEASE				20 YEARS
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
(b)				Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
(c)				Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. DEMENTIA				37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)				

ORIGINAL VITAL STATISTICS COPY

45-2 Rev 4-92

RETURN TO: OREGON TITLE COMPANY

PO BOX 446

LEBANON, OR 97355

STATE OF OREGON

COUNTY OF LINN

THIS CERTIFIES THAT THE FOREGOING IS A REPRODUCTION OF A RECORD OF DEATH ON FILE WITH THE LINN COUNTY HEALTH DEPARTMENT

Dawn R. Walker, Deputy
Deputy Registrar of Vital Statistics

Date *Dec 4, 1992*

NOT VALID WITHOUT RAISED SEAL OF LINN COUNTY HEALTH DEPARTMENT

19745

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of August A.D., 19 93 at 2:49 o'clock _____ M., and duly recorded in Vol. M93
of Deeds on Page 19744

FEE \$15.00

Evelyn Biehn County Clerk

By Dorlene J. Henderson