CERTIFICATION OF VITAL RECORD

MT 30455-HF

67340

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

E 6077

ID. TAG NO. 368
Local File Number

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

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136- 92-021434
State File Number

09-01-93P02:57 RCVD

1 DECEDENT'S NAME: First: Elsie; Middle: Louise; Last: HOWELL

2 SEX: Female

3 DATE OF DEATH (Month, Day, Year): November 3, 1992

4 SOCIAL SECURITY NUMBER: 562-36-2623

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): Redlands, California

7 DATE OF BIRTH (Month, Day, Year): May 13, 1928

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): St. Anthony Hospital

9c CITY, TOWN, OR LOCATION OF DEATH: Pendleton

9d COUNTY OF DEATH: Umatilla

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Housewife

10b KIND OF BUSINESS/INDUSTRY: Homemaker

11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12 SPOUSE (If Married, Widowed): Thomas I. Howell

13a RESIDENCE - STATE: Oregon

13b COUNTY: Umatilla

13c CITY, TOWN OR LOCATION: Pilot Rock

13d STREET AND NUMBER: Route 3

13e INSIDE CITY LIMITS? ☐ Yes ☒ No

13f ZIP CODE: 97868

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): 12; College (1-4 or 5+):

17 FATHER - NAME first middle last: David Greenaway Mays

18 MOTHER - NAME first middle maiden: Blanche Louise Ruch

19 INFORMANT - NAME and relationship to deceased: Thomas Howell (Husband)

20a METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☒ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Colonial DeWitt Crematory

20c LOCATION - City or Town, State: Walla Walla, Washington

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH

21b LICENSE NUMBER (Of Licensee): 3397

22 NAME, ADDRESS AND ZIP OF FACILITY: Bishop Funeral Chapel, Inc. 131 S.E. Byers Pendleton, Ore. 97801

23 DATE FILED (Month, Day, Year): NOV 1 3 1992

24 REGISTRAR'S SIGNATURE: Jewel L Berns, deputy

25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26 WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 10:27 A. 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)

30 DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH: 10:27 A. M

31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): November 3, 1992 10:27 a

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) James B Sawyer

33. DATE SIGNED (Month, Day, Year): November 11, 1992

COUNTY: Umatilla

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James B. Sawyer, M.D. 1100 Southgate P.O. Box 1049 Pendleton, Oregon 97801

35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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) Upper gastrointestinal hemorrhage — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(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: Diabetes mellitus

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: 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)

RESERVED FOR REGISTRAR'S USE: 5790

Return to Thomas Howell PO Box 331 Pilot Rock, OR 97868

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JUL 19 1993

Edward J. Johnson II

EDWARD J. JOHNSON II, STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 1st day of September A.D., 19 93 at 2:57 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 22288.

FEE $10.00

Evelyn Biehn County Clerk
By Dixie Mullendore