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CERTIFICATION OF VITAL RECORD

077890 I.D. TAG NO. 83 Local File Number

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

136 #0324157 State File Number

1. DECEDENT'S NAME: First Itha Middle Belle Last MCPHETRIDGE
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 11, 1992
4. SOCIAL SECURITY NUMBER: 541-01-4509
5a. AGE-Last Birthday (Years): 78
5b. Under 1 Year: Mos. Days
5c. Under 1 Day: Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Prineville, Oregon
7. DATE OF BIRTH (Month, Day, Year): December 28, 1913
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): Ochoco Nursing Home
9c. CITY, TOWN, OR LOCATION OF DEATH: Prineville
9d. COUNTY OF DEATH: Crook
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): Bill McPhetridge
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Crook
13c. CITY, TOWN OR LOCATION: Prineville
13d. STREET AND NUMBER: 406400 Grimes Rd.
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97754
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+): 1
17. FATHER - NAME first middle last: John Hayneg
18. MOTHER - NAME first middle maiden: Clara Belle Hammock
19. INFORMANT - NAME and relationship to deceased: Bill McPhetridge, Husband
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Juniper Haven Cemetery
20c. LOCATION - City or Town, State: Prineville, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Brian R. Abee
21b. LICENSE NUMBER (Of Licensee): 3002
22. NAME, ADDRESS AND ZIP OF FACILITY: Prineville Funeral Home 199 E. 10th. St. Prineville, OR. 97754
23. DATE FILED (Month, Day, Year): OCT 13 1992
24. REGISTRAR'S SIGNATURE: Dianne Koops
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: 08:55 AM
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): 10-12-92
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Michael E. Knower, M.D. 1251 N. Elm Street, Prineville, Oregon 97754

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

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

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
(a) Malnutrition — Interval between onset and death: 4 mos
DUE TO, OR AS A CONSEQUENCE OF:
(b) Alzheimer's Dementia — Interval between onset and death: 2 yrs
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

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

RETURN TO: 406400 GRIMES RD. PRINEVILLE, OR 97754

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

ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: October 13, 1997

Judy A. Bernath
JUDY A BERNATH
COUNTY REGISTRAR
CROOK COUNTY, OREGON

SEAL

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Bill McPhetridge of Sept. A.D., 19 93 at 10:29 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 23453 the 13th day

FEE $10.00

Evelyn Biehn County Clerk
By