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57940
I.D. TAG NO.

01123
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES/olm93 Page 23978
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH
136- State File Number

DECEDENT

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REGISTRAR

CERTIFIER

CAUSE OF DEATH

1. DECEDENT'S NAME First Middle Last Helen Mae SPELDRICH		2. SEX F.	3. DATE OF DEATH (Month, Day, Year) May 18, 1989
4. SOCIAL SECURITY NUMBER 544-50-4331	5a. AGE - Last Birthday (Years) 73	5b. Under 1 Year Mos. Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Denton, MT
7. DATE OF BIRTH (Month, Day, Year) May 22, 1915		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. CITY, TOWN, OR LOCATION OF DEATH Eugene	
9c. COUNTY OF DEATH Lane		10. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Chrysant J.	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Lane	
13c. CITY, TOWN, OR LOCATION Eugene		13d. STREET AND NUMBER 29828 Enid Rd. East	
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 11		17. FATHER - NAME first middle last Luther G. Stapleton	
18. MOTHER - NAME first middle maiden Ella May Dory		19. INFORMANT - NAME and relationship to decedent Chrysant Speldrich-hus.	
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) Mt. Calvary Cemetery		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eugene, OR	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 		21b. LICENSE NUMBER (Of licensee) 3486	
22. NAME, ADDRESS AND ZIP OF FACILITY Poole-Larsen 1100 Charnelton Eugene, OR 97401		23. DATE FILED (Month, Day, Year) RECU MAY 31 1989	
24. REGISTRAR'S SIGNATURE 		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH 9:52 a.m.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. (Signature) 	
30. DATE SIGNED (Month, Day, Year) 5/18/89		31. 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) Gary Brandt M.D. 2400 River Rd. 97402		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) METASTATIC CARCINOMA OF THE COLON DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <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"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input 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)		RESERVED FOR REGISTRAR'S USE	

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

Return to:
Chrysant J. Speldrich
29828 Enid Road East
Eugene, OR 97402-9600

STATE OF OREGON, COUNTY OF LANE

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A
RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION.

Registrar of Vital Statistics

By
Deputy Registrar

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

DATE September 25, 1989

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 17th day
of September A.D. 19 93 at 9:00 o'clock A M., and duly recorded in Vol. M93
of Deeds on Page 23978.

Evelyn Biehn County Clerk

FEE \$15.00

By Daniel J. Biehn