CERTIFICATION OF VITAL RECORD

72467

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol. M93 Page 32595

G-6057
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

92-020494
State File Number

365
Local File Number

CERTIFICATE OF DEATH

1. DECEDENT'S NAME: First: Dolores; Middle: Day; Last: BARNES
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 16, 1992
4. SOCIAL SECURITY NUMBER: 379-12-6005
5a. AGE-Last Birthday (Years): 65
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Nebraska
7. DATE OF BIRTH (Month, Day, Year): January 14, 1927
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): Corvallis Manor
9c. CITY, TOWN, OR LOCATION OF DEATH: Corvallis
9d. COUNTY OF DEATH: Benton
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): Wallace
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Linn
13c. CITY, TOWN OR LOCATION: Albany
13d. STREET AND NUMBER: 1863 Meadow Wood Drive
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97321
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: Lyle H. Ellis
18. MOTHER - NAME first middle maiden: Ruth Gertrude Day
19. INFORMANT - NAME and relationship to deceased: Kathleen Naylor - daughter
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): City View Crematory
20c. LOCATION - City or Town, State: Salem, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature] Licensed Embalmer
21b. LICENSE NUMBER (Or Licenses): 0155
22. NAME, ADDRESS AND ZIP OF FACILITY: Fisher Funeral Home, Inc., P.O. Box 155, 306 SW Washington, Albany, OR 97321
23. DATE FILED (Month, Day, Year): October 27 1992
24. REGISTRAR'S SIGNATURE: [signature]
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: 1:35 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): [signature]
30. DATE SIGNED (Month, Day, Year): October 20, 1992

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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): George L. Norek, MD, 3680 NW Samaritan Drive, Corvallis, Oregon 97330
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Stephen V. Neville, MD, 3680 NW Samaritan Drive, Corvallis, Oregon 97330

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) BREAST CANCER — Interval between onset and death: 7 yrs
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.

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

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
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

12-08-93A11:53 RCVD 12-08-93R22-64-CEDL

AFTER RECORDING, RETURN TO:
Dennis D. Ashenfelter
Weatherford, Thompson, Quick & Ashenfelter, P.C.
P. O. Box 667
Albany, OR 97321-0219

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.

SEP 23 1993
DATE ISSUED

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dennis D. Ashenfelter the 8th day of Dec. A.D., 19 93 at 11:53 o'clock A.M., and duly recorded in Vol. M93, of Deeds on Page 32595.

Evelyn Biehn, County Clerk
By Pauline Millender

FEE $10.00