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TYPE OR PRINT IN PERMANENT BLACK INK

I.D. TAG NO. 152688

Local File Number 2130

3cc

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

136 State File Number

DECEDENT

1. DECEDENT'S NAME: First Donald; Middle Vernon; Last GREENE
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 13, 1993
4. SOCIAL SECURITY NUMBER: 542-05-2418
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): Prairie City, OR
7. DATE OF BIRTH (Month, Day, Years): July 02, 1915
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): Salem Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Salem
9d. COUNTY OF DEATH: Marion
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Contractor
10b. KIND OF BUSINESS/INDUSTRY: Building
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Berniel
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Marion
13c. CITY, TOWN OR LOCATION: Keizer
13d. STREET AND NUMBER: 5355 River Rd. N., # 1
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97303
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+):

PARENTS

17. FATHER - NAME first middle last: James Curtis Greene
18. MOTHER - NAME first middle maiden: Sarah Fiesta Vernon
19. INFORMANT - NAME and relationship to deceased: Berniel Greene, Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Restlawn Memory Gardens
20c. LOCATION - City or Town, State: Salem, OR

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: W. Scott Weiler
21b. LICENSE NUMBER (If Licensed): 3723
22. NAME, ADDRESS AND ZIP OF FACILITY: V.T. Golden Mortuary, Inc. 605 Comm'l Street SE, Salem, Or. 97301
23. DATE FILED (Month, Day, Year): DEC 17 1993
24. REGISTRAR'S SIGNATURE: Ruth A. Stevenson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 8:30PM
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): Peter A Bernardo MD
30. DATE SIGNED (Month, Day, Year): 12/16/93

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): PETER A. BERNARDO MD 700 BELLEVUE ST SE #230 SALEM OR 97301
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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) multiple organ failure — Interval between onset and death: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(b) Ischemic Colitis — Interval between onset and death: 3 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(c) Multiple Embolia from Atrial Fibrillation — Interval between onset and death: 6 weeks

PART II
OTHER SIGNIFICANT CONDITIONS -- Conditions contributing to death but not resulting in the underlying cause given in PART I.: ASCVD

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
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

12-22-93P03:53 RCVD

ORIGINAL VITAL STATISTICS COPY

45-2 Rev 11-92

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

DATE ISSUED: DEC 17 1993

Ruth A. Johnson

RUTH A. JOHNSON
COUNTY REGISTRAR
MARION COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Berniel Greene the 22nd day of Dec. A.D., 19 93 at 3:53 o'clock P.M., and duly recorded in Vol. M93 of Deeds on Page 34421

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $10.00

Return: Berniel Greene, 5355 River Rd. N #1
Keizer, Or. 97303