CERTIFICATION OF VITAL RECORD

73656 MTC 31617-TTF

OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

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12-30-93A09:24 RCVD

I.D. TAG NO. 098 (Local File Number)

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

138- 93-003739 (State File Number)

1. DECEDENT'S NAME: First: Judie; Middle: Bernice; Last: SCHOCK
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): February 18, 1993
4. SOCIAL SECURITY NUMBER: 544-66-7216
5a. AGE-Last Birthday (Years): 39
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Baker, Oregon
7. DATE OF BIRTH (Month, Day, Year): April 30, 1953
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): Plum Ridge Care Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
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: Homemaking
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Robert Harold
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 11701 Tingley Lane
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 2; College (1-4 or 5+):
17. FATHER - NAME: first: Jasper; middle: Dale; last: Buxton
18. MOTHER - NAME: first: Marjorie; middle: Florence; maiden: Bowman
19. INFORMANT - NAME and relationship to deceased: Robert H. Schock, husband
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eagle Valley Cemetery
20c. LOCATION - City or Town, State: Richland, OR
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Dan C. Davenport
21b. LICENSE NUMBER (Of Licensee): 53-0124
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
23. DATE FILED (Month, Day, Year): FEB 23 1993
24. REGISTRAR'S SIGNATURE: Charla Robinson
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: 19:50 P 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): Charles D Bury
30. DATE SIGNED (Month, Day, Year): February 19, 1993

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles D. Bury, MD, 2300 Clairmont, Klamath Falls, Oregon 97601
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) Respiratory Arrest — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (b) Stroke — Interval between onset and death: 1 month
DUE TO, OR AS A CONSEQUENCE OF: (c) Multiple Sclerosis — Interval between onset and death: 5 yrs.
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: Robert H Schock
P O Box 446, Midland, OR 97634

ORIGINAL — VITAL STATISTICS COPY

45-2 Rev 1990

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 DEC 23 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 Co. the 30th day of December A.D., 19 93 at 9:24 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 35271

FEE $10.00

Evelyn Biehn County Clerk
By Darlene Millemaire