

89265

Local File Number

K-47241

CERTIFICATE OF DEATH

136-

State File Number

10-06-94A09:44 RCVD

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CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH15
16
17

DECEDENT

DISPOSITION

REGISTRAR

CERTIFIER

1. DECEDENT'S NAME First: Dorothy Middle: Elaine Last: WEISS		2. SEX F	3. DATE OF DEATH (Month, Day, Year) June 11, 1990
4. SOCIAL SECURITY NUMBER 540-22-8376	5a. AGE - Last Birthday (Years) 64	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Laurel, Nebraska
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) June 20, 1925	
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input checked="" 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. FACILITY NAME (If not institution, give street and number) Sacred Heart Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Eugene	
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) Fern	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Lane	
13c. CITY, TOWN, OR LOCATION Springfield		13d. STREET AND NUMBER 111 "C" Street	
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		15. RACE (American Indian, Black, White, etc. (Specify)) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4) 5+		17. DECEDENT'S EDUCATION 1 Year	
17. FATHER - NAME first middle last Leopold - Schmaki		18. MOTHER - NAME first middle maiden Minnie - Evans	
19. INFORMANT - NAME and relationship to decedent Fern Weiss - Husband		20. LOCATION - City or Town, State Springfield, Oregon	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Cerie Mack Moore		22. NAME, ADDRESS AND ZIP OF FACILITY Springfield Memorial Gardens & Funeral Home 7305 Main Street, Springfield, Oregon 97478	
23. DATE FILED (Month, Day, Year) JUN 11 1990		24. REGISTRAR'S SIGNATURE Suzanne Bennett	
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 13:15 P. 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) Gary L. Lee M.D.			
30. DATE SIGNED (Month, Day, Year) 6-15-1990			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Gary L. Lee M.D. 755 E. 11th Suite 100 Eugene, Oregon 97401			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dieter Morich, M.D.			
33. 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		Interval between onset and death	
(a) DUE TO, OR AS A CONSEQUENCE OF:			
(b) DUE TO, OR AS A CONSEQUENCE OF: ADVANCED, METASTATIC BREAST CANCER (Liver)		Interval between onset and death 5 years.	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1.		Interval between onset and death	
PART II			
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"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
42. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk			
43. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
44. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

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.

DATE June 29 1990
Suzanne Bennett
Registrar of Vital StatisticsBy Suzanne Bennett
Deputy Registrar

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 6th day
of Oct A.D., 19 94 at 9:44 o'clock A M., and duly recorded in Vol. M94
of Deeds on Page 31298

FEE \$15.00

Evelyn Biehn County Clerk
By Deanne Mullendore

Return: Klamath County Title Co