PERMANENT BLACK INK

90330

169045
I.D. TAG NO.

591
Local File Number

ASPEN TITLE #01042285

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
94-36526

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CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME	First: George	Middle: Edward	Last: LaMAY	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): September 12, 1994
4. SOCIAL SECURITY NUMBER: 542-10-5259	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): The Dalles, Oregon	7. DATE OF BIRTH (Month, Day, Year): November 23, 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): Central Oregon District Hospital

9c. CITY, TOWN, OR LOCATION OF DEATH: Redmond

9d. COUNTY OF DEATH: Deschutes

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)	
Self-employed	Motel	Married	Emma Jeanne	
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Jefferson	13c. CITY, TOWN OR LOCATION: Crooked River Ranch	13d. STREET AND NUMBER: 12507 Peninsula Dr.	
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97760	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): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Charles LaMay

18. MOTHER - MAIDEN NAME first middle maiden: Mary

19. INFORMANT - NAME and relationship to deceased: Emma Jeanne LaMay spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Ioof Park Lawn Cemetery

20c. LOCATION - City or Town, State: The Dalles Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Bruce B. Brunk

21b. LICENSE NUMBER (Of Licensee): 3525

22. NAME, ADDRESS AND ZIP OF FACILITY: Redmond Memorial Chapel 717 S. 6th Redmond, OR 97756

23. DATE FILED (Month, Day, Year): September 13, 1994

24. REGISTRAR'S SIGNATURE: Jacqueline Mathis, Dep

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ NIA

26. WAS GIFT MADE? ☒ YES ☐ NO ☐ NIA

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1:15 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): B Brunk 9/13/94

30. DATE SIGNED (Month, Day, Year): September 13, 1994

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Dean Smith, M.D. 211 NW Larch Redmond, OR. 97756

32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

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) Intra cerebral Hemorhage, Spontaneous — Interval between onset and death: hours
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: Chronic Obstr. Pulm. Disease, Atherosclerosis

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

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-92

STATE OF OREGON, COUNTY OF DESCHUTES

I HEREBY CERTIFY THAT THE FORECOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE DESCHUTES COUNTY HEALTH DEPARTMENT AND IN MY OFFICIAL CARE AND CUSTODY.

NOT VALID WITHOUT RAISED SEAL OF DESCHUTES COUTY HEALTH DEPARTMENT

Jacqueline Mathis Deputy Registrar
JACQUELINE MATHIS, DEPUTY REGISTRAR

September 14, 1994
DATE

Ret to-
Redmond Memorial Chapel
P.O. Box 392
Redmond, OR 97756

STATE OF OREGON) ss.
COUNTY OF DESCHUTES)

I, MARY SUE PENHOLLOW, COUNTY CLERK AND RECORDER OF CONVEYANCES, IN AND FOR SAID COUNTY, DO HEREBY CERTIFY THAT THE WITHIN INSTRUMENT WAS RECORDED THIS DAY.

94 SEP 19 AM 9:38

MARY SUE PENHOLLOW
COUNTY CLERK

BY: DEPUTY

FEE 15.00

NO. 94-36526

DESCHUTES COUNTY OFFICIAL RECORDS

94 143189

10-28-94A10:48 RCVD

STATE OF OREGON,
County of Klamath ss

Filed for record at request of:

Aspen Title Co

on this 28th day of Oct A.D., 19 94
at 10:48 o'clock A M. and duly recorded
in Vol. M94 of Deeds Page 33519
Evelyn Biehn County Clerk
By Dawsine Mullenstole Deputy.

Fee, $15.00

STATE OF OREGON }
Multnomah County } ss.

I, a Deputy for the Recorder of Conveyances, in and for said County, do hereby certify that the within instrument of writing was received for record and recorded in the record of said County

94 SEP 26 PM 1:30

RECORDING SECTION
MULTNOMAH CO. OREGON

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witness my hand and seal of office affixed.

Recorder of Conveyances

C Swick
Deputy

33520