

PRINT IN  
PERMANENT  
BLACK INKOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATHVol. m95 Page 19451

3391

G-9954  
I.D. TAG NO.  
415-95  
Local File Number

1. DECEASED'S NAME First: <u>Lucille</u> Middle: <u>Ann</u> Last: <u>Caley</u>		2 SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>June 22, 1995</u>
4. SOCIAL SECURITY NUMBER <u>542-34-6913</u>		5a. AGE-Last Birthday (Years) <u>89</u>	5b. Under 1 Year Mos. <u>    </u> Days <u>    </u> Hours <u>    </u> Mins. <u>    </u>
6. PLACE OF BIRTH (City and State or Foreign Country) <u>San Jose CA</u>		7. DATE OF BIRTH (Month, Day, Year) <u>September 16, 1905</u>	
8. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input checked="" 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) <u>Highland Care Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Grants Pass</u>	
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Home Maker</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Own Home</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Vane Caley</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Josephine</u>	
13c. CITY, TOWN OR LOCATION <u>Grants Pass</u>		13d. STREET AND NUMBER <u>2201 Highland Avenue</u>	
14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify: <u>White</u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEASED'S EDUCATION (Specify only highest grade completed) <u>12</u>		17. INFORMANT - NAME and relationship to deceased <u>Vane Caley (Spouse)</u>	
17. FATHER - NAME first middle last <u>William D. Harlen</u>		18. MOTHER - NAME first middle maiden <u>Ada M. Miller</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Siskiyou Memorial Crematory</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Marilyn Riggs</u>		21b. LICENSE NUMBER (Of Licensee) <u>1411</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Perl Funeral Home 426 W. 6th St. Medford Oregon 97501</u>		23. REGISTRAR'S SIGNATURE <u>LaVerla J. Young</u>	
24. DATE FILED (Month, Day, Year) <u>June 27, 1995</u>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>8:50 P M</u>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) <u>Lee Calvert</u>			
30. DATE SIGNED (Month, Day, Year) <u>6/26/95</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Lee Calvert M.D. 181 N.W. Bunnell Avenue Grants Pass Oregon 97526</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
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 (a) <u>Sequelae of Severe Head Injury of Alzheimer type</u>		Interval between onset and death <u>Years</u>	
(b) <u>Due to, or as a consequence of:</u>		Interval between onset and death	
(c) <u>Due to, or as a consequence of:</u>		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. <u>CAUSES OF BRADYCARDIA</u>		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <u>M</u>	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	

ORIGINAL VITAL STATISTICS COPY

45-2 Rev 11-82

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

JUN 27 1995

DATE ISSUED:

LA VERLA J. YOUNG  
COUNTY REGISTRAR  
JOSEPHINE COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marilyn Riggs the 26th day  
of July A.D., 19 95 at 3:08 o'clock P M., and duly recorded in Vol. M95  
of Deeds on Page 19451

Bernetha G. Letsch, County Clerk

By Bonnette Mueller

FEE \$10.00

Return: Marilyn Riggs--Assessors office