

4181
TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

DISPOSITION
1. _____
2. _____
3. _____

CERTIFIER
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH
4. _____
5. _____
6. _____

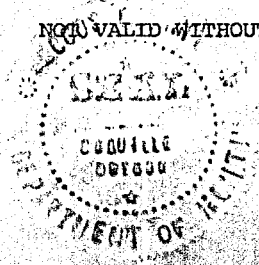
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|---|--|--|---|
| Local File Number <u>432</u> | | State File Number | |
| DECEASED—NAME 1 <u>DORIS</u> <u>MARIE</u> <u>FRINT</u> | | DATE OF DEATH (month, day, year) 2 <u>NOVEMBER 29, 1982</u> | |
| RACE White, Black, American Indian, etc. (specify) 3 <u>WHITE</u> | | SEX 4 <u>FEMALE</u> | AGE—Last birthday (years) 5a <u>56</u> Under 1 year: 5b <u>mo</u> 5c <u>days</u> Under 1 day: 5d <u>hours</u> 5e <u>min</u> |
| CITY, TOWN OR LOCATION OF DEATH 7a <u>COOS BAY</u> | | HOSPITAL OR OTHER INSTITUTION—NAME (If not in a hospital, give street and number) 7b <u>BAY AREA HOSPITAL</u> | IF HOSP. OR INST. Indicate DOA, OP/Emr., Pn., Inpatient (Specify) 7c <u>INPATIENT</u> |
| STATE OF BIRTH (If not in U.S.A. name country) 8 <u>WASHINGTON</u> | | CITIZEN OF WHAT COUNTRY 9 <u>U.S.A.</u> | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 <u>MARRIED</u> |
| SOCIAL SECURITY NUMBER 13 <u>540-20-5189</u> | | USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a <u>HOUSEWIFE</u> | KIND OF BUSINESS OR INDUSTRY 14b <u>HOME MAKER</u> |
| RESIDENCE—STATE 15a <u>OREGON</u> | | COUNTY 15b <u>COOS</u> | CITY, TOWN, OR LOCATION 15c <u>COOS BAY</u> |
| FATHER—NAME first middle last 16 <u>HARRY BRADY</u> | | MOTHER—Maiden Name first middle last 17 <u>RUTH LEWIS</u> | INFORMANT—NAME and relationship to deceased 18 <u>MR. MARION FRINT—HUSBAND</u> |
| BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a <u>BURIAL</u> | | CEMETERY OR CREMATORY—NAME 19b <u>SUNSET MEMORIAL PARK CEMETERY</u> | LOCATION city or town state 19c <u>COOS BAY, OREGON 97420</u> |
| FURNERAL SERVICE LICENSEE or Person Acting As Such (Signature) 20a <u>James W. [Signature]</u> | | NAME AND ADDRESS OF FACILITY 20b <u>COOS BAY CHAPEL, BOX 749: COOS BAY, OREGON 97420</u> | |
| To be Completed by CERTIFYING PHYSICIAN Only 21a (Signature) <u>[Signature]</u> NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d <u>DR. CHARLES COTTEL, MD 1750 W. THOMPSON ROAD COOS BAY, OR 97420</u> | | DATE SIGNED (Mo., Day, Yr.) 21b <u>12/3/82</u> | |
| DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a <u>Dec. 16, 1982</u> | | REGISTRAR 22b (Signature) <u>Mary Claiborne</u> | |
| PART I IMMEDIATE CAUSE (a) <u>Melanoma - Breast</u> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ | | Interval between onset and death <u>6 yrs.</u> | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) | | AUTOPSY (Specify Yes or No) 24 <u>NO</u> | |
| ACCIDENT (Specify Yes or No) 26a <u>NO</u> | | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 <u>NO</u> | |
| DATE OF INJURY (Mo., Day, Yr.) 26b _____ | | HOUR OF INJURY 26c _____ | |
| PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f _____ | | DESCRIBE HOW INJURY OCCURRED 26d _____ | |
| INJURY AT WORK (Specify Yes or No) 26e _____ | | LOCATION 26g _____ | |
| STREET OR R.F.D. NO. 26h _____ | | CITY OR TOWN 26i _____ | |
| STATE 26j _____ | | | |

STATE OF OREGON

County of Coos

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Coos County Department of Health.

NOT VALID WITHOUT RAISED SEAL OF COOS COUNTY HEALTH DEPARTMENT



Mary Claiborne
Date Dec. 8 1982

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 8th day of August A.D., 19 95 at 3:37 o'clock P M., and duly recorded in Vol. m95 of Deeds on Page 21033.

FEE \$10.00

Bernetha G. Letsch, County Clerk
By Annette Mueller

After Recording:
Blad Cooper, Attorney
122 S. 5th St.
Umatilla Falls, OR 97601