

**OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS**

5222

170550

I.D. TAG NO.

06775

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Vol. 1195 Page 23157
94-026081

23157

1. DECEDENT'S NAME First: Opal Middle: Ellen Last: LEE		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) December 12, 1994	
4. SOCIAL SECURITY NUMBER 564-26-0753		5. AGE LAST BIRTHDAY (Years) 77		6. BIRTHPLACE (City and State or Foreign) Norvell, Arkansas	
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9. DATE OF BIRTH (Month, Day, Year) February 3, 1917	
10. FACILITY NAME (If not institution, give street and number) Good Samaritan Hospital				11. CITY, TOWN, OR LOCATION OF DEATH Portland	
12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life) Homemaker				13. COUNTY OF DEATH Multnomah	
14. KIND OF BUSINESS/INDUSTRY Own Home		15. MARITAL STATUS: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married, Widowed, Divorced (Specify)		16. SPOUSE (If Married, Widowed, Divorced (Specify)) Alvin H.	
17. RESIDENCE - STATE Oregon		18. COUNTY Yamhill		19. CITY, TOWN OR LOCATION Gaston	
20. ZIP CODE 97119		21. STREET AND NUMBER 3126 NW Phillips Road		22. RACE American Indian, Black, White, etc. (Specify) White	
23. DATE FILED (Month, Day, Year) DEC 20 1994		24. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-) 3rd		25. FATHER - NAME first middle last William Green Hall	
26. MOTHER - NAME first middle maiden Allies Farr		27. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Yamhill Carlton Cemetery	
29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jeffrey W. Hoyt</i>		30. LICENSE NUMBER (OF Licensee) 47-3189		31. NAME, ADDRESS AND ZIP OF FACILITY Fuitem-Rose Mortuary Chapel 2308 Pacific Avenue Forest Grove, OR 97116	
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		33. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		34. DATE SIGNED (Month, Day, Year) 12/16/94	
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Mark T. Metzendorf M.D. 2226 NW Pettygrove Portland, OR 97210		36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		37. 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)	
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269. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Mark T. Metzendorf M.D. 2226 NW Pettygrove Portland, OR 97210		270. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		271. 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)	
272. TIME OF DEATH 1826 P.M.		273. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		274. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSES AND MANNER STATED (Signature) <i>[Signature]</i>	
275. DATE SIGNED (Month, Day, Year) 12/16/94		276. COUNTY CLATSOP		277. DATE SIGNED (Month, Day, Year) 12/16/94	
278. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Mark T. Metzendorf M.D. 22					