

08-31-95P02:53 RCVD

5469
I.D. TAG NO. 169
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH Vol. 36 M95 Page 23602

1. DECEDENT'S NAME: Shirley M. BROWN
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): April 22, 1995
4. SOCIAL SECURITY NUMBER: 543-40-9584
5a. AGE Last Birthday (Years): 57
5b. Under 1 Year: Mos Days Mins
5c. Under 1 Day: Hours Mins
6. BIRTHPLACE (City and State or Foreign Country): Donnelly, MN
7. DATE OF BIRTH (Month, Day, Year): August 20, 1937
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): ☒ HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DCA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify): sister's home
9b. FACILITY NAME (If not institution, give street and number): 745 7th St. Extension
9c. CITY, TOWN, OR LOCATION OF DEATH: Lafayette
9d. COUNTY OF DEATH: Yamhill
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: Home
11. MARITAL STATUS: ☒ Married ☐ Never Married ☐ Widowed ☐ Divorced (Specify):
12. SPOUSE (If Married, Widowed, Divorced (Specify)): Gerald
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2536 Western
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97603
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 (8-12) College (14 or 5+)
17. FATHER - NAME: first middle last: Ted Bogh
18. MOTHER - NAME: first middle maiden: Helen Ruff
19. INFORMANT - NAME and relationship to decedent: Sheryl Hill - daughter
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Evergreen Memorial Park Cemetery
20c. LOCATION - City or Town State: McMinnville, OR
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]
21b. LICENSE NUMBER (or Licensee): 3246
22. NAME, ADDRESS AND ZIP OF FACILITY: Macy & Son; 135 North Evans McMinnville, OR 97128-4682
23. DATE FILED (Month, Day, Year): April 27, 1995
24. REGISTRAR'S SIGNATURE: [Signature]
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A
27. TIME OF DEATH: 2:12 PM
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.
30. DATE SIGNED (Month, Day, Year): 4/25/95
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Dr. John D. Nelson; 821 N. Hwy 99W; McMinnville, OR 97128
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) Metastatic lung cancer
(b) None
(c) None
PART II
OTHER SIGNIFICANT CONDITIONS: Recent Deep Venous Thrombosis
34. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide
35a. DATE OF INJURY (Month, Day, Year):
35b. TIME OF INJURY:
35c. INJURY AT WORK? ☐ Yes ☒ No
36. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify):
37. Did subject use contraindication to the death? ☒ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY: ☐ Yes ☒ No
39. If YES, were findings consistent in determining cause of death? ☐ Yes ☒ No ☐ N/A
40. DESCRIBE HOW INJURY OCCURRED:
41. LOCATION (Street and Number or Rural Route Number, City or Town State):

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

DATE ISSUED: APR 28 1995

NANCY J. NUNLEY
COUNTY REGISTRAR
YAMHILL COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of August A.D., 19 95 at 2:53 o'clock P.M., and duly recorded in Vol. M95
of Deeds on Page 23602.

FEE \$10.00

RETURN: Gerald Brown
2536 Western
K Falls, Or 97603

Bernieja G. Letsch County Clerk
[Signature]