5737 09-07-95P02:01 RCVD Vol. M95 Page 24159

TYPE OR PRINT IN PERMANENT BLACK INK

H-02305 I.D. TAG NO.

4 413 Local File Number

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

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Beth; Middle: Arvine; Last: SOUKUP
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): August 25, 1995
4. SOCIAL SECURITY NUMBER: 570 28 1423
5a. AGE-Last Birthday (Years): 69
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Oroville, CA
7. DATE OF BIRTH (Month, Day, Year): June 18, 1926
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): HC 32 Box 40
9c. CITY, TOWN, OR LOCATION OF DEATH: Gilchrist
9d. COUNTY OF DEATH: Klamath
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: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Aloysious
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Gilchrist
13d. STREET AND NUMBER: HC 32 Box 40
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97737
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
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: John H. Wright
18. MOTHER - NAME first middle maiden: Laura Louise Measure
19. INFORMANT - NAME and relationship to deceased: John Soukup, son

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Central Oregon Cremation Assoc.
20c. LOCATION - City or Town, State: Bend, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Wilbur D. Bliss
21b. LICENSE NUMBER (Of Licensee): 3571
22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds Inc. 105 N.W. Irving, Bend, Oregon 97701
23. DATE FILED (Month, Day, Year): AUG 29 1995
24. REGISTRAR'S SIGNATURE: Evelyn Simpson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 10:30 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)
30. DATE SIGNED (Month, Day, Year): 8/26/95

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Ivan R. Eastwood, M.D. 1501 N.E. Medical Center Drive, Bend, Oregon 97701
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Laurie D. Ponte, M.D.

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) ISCHEMIC HEART DISEASE — Interval between onset and death: Years
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.
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

42. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
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

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THIS REGISTRAR/COUNTY CLERK
ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: AUG 29 1995

Janet Bailey-Gober
JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

45-2

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Please retunr to:
Niswonger-Reynolds, Inc
P.O. Box 229
Bend, OR 97709

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Niswonger-Reynolds the 7th day of Sept A.D., 19 95 at 2:01 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 24159.

Bernetha G. Letsch, County Clerk

FEE $10.00

By Lynette Dudley