6160

156440 I.D. TAG NO.

410 Local File Number

ATC # 0404503

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

136 State File Number

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PRINT IN PERMANENT BLACK INK

09-14-95P03:42 RCVD

DECEDENT

1. DECEDENT'S NAME: First: Dorothy; Middle: Louise; Last: MCDONALD
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 6, 1994
4. SOCIAL SECURITY NUMBER: 538 28 3042
5a. AGE-Last Birthday (Years): 61
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): The Dalles, OR
7. DATE OF BIRTH (Month, Day, Year): June 16, 1933
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): 1977 Wriston Springs Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Coos Bay
9d. COUNTY OF DEATH: Coos
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Bartender
10b. KIND OF BUSINESS/INDUSTRY: Tavern
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Bruce
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Coos
13c. CITY, TOWN OR LOCATION: Coos Bay
13d. STREET AND NUMBER: 1977 Wriston Springs Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97420
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: Harold R. Betts
18. MOTHER - NAME: first middle maiden: Sylvia I. Thorton
19. INFORMANT - NAME and relationship to deceased: Bruce McDonald, husband

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): Ocean View Crematorium
20c. LOCATION - City or Town, State: Coos Bay, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NUMBER (Of Licensee): 5060
22. NAME, ADDRESS AND ZIP OF FACILITY: All Coast Cremation, 685 Anderson, Coos Bay, OR 97420
23. DATE FILED (Month, Day, Year): July 8, 1994
24. REGISTRAR'S SIGNATURE
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: 0500 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): July 6, 1994

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): Richard A. Ellerby, M.D., 1900 Woodland Drive, Coos Bay, OR 97420
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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) Small Cell Lung Cancer — Interval between onset and death: 7 mo
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
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ 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

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-92

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

DATE ISSUED: JUL - 8 1994

G.R. Bassett MD

G.R. BASSETT, M.D.
COUNTY REGISTRAR
COOS COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title Co the 14th day of Sept A.D., 19 95 at 3:42 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 24939.

Bernetha G. Letsch, County Clerk

By Lynette Lintz

FEE $10.00

Ret: Bend Title Co
P.O. Box 4325
Sun River, OR 97707