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I.D. TAG NO.

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

State File Number

Local File Number

DECEDENT

1  
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PARENTS

DISPOSITION

7  
8  
9

REGISTRAR

10  
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12  
13  
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CERTIFIER

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CAUSE OF DEATH

1. DECEDENT'S NAME First: Fred Middle: Marshall Last: BURTON		2. SEX M.	3. DATE OF DEATH (Month, Day, Year) Feb. 1, 1994
4. SOCIAL SECURITY NUMBER 544-36-4611		5a. AGE-Last Birthday (Years) 88	5b. Under 1 Year Mos. Days Hours Mins.
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) Sep. 12, 1906	
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> EOPatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) Foster Hm.			
9a. FACILITY NAME (if not institution, give street and number) 398 Scotts Glenn Drive		9b. CITY, TOWN, OR LOCATION OF DEATH Springfield	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner Operator		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Marilyn		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Lane		13c. CITY, TOWN OR LOCATION Eugene	
13d. STREET AND NUMBER 2490 Tandy Turn		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2	
17. FATHER - NAME first middle last Amos - Burton		18. MOTHER - NAME first middle maiden Annie - Beal	
19. INFORMANT - NAME and relationship to decedent Bonnie Simmons - Daughter		20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Rest Haven Mausoleum		20c. LOCATION - City or Town, State Eugene, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3486	
22. NAME, ADDRESS AND ZIP OF FACILITY Poole-Larsen 1100 Charnelton Eugene, OR 97401		23. DATE FILED (Month, Day, Year) FEB 4 1994	
24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH 11:22a.m. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <i>[Signature]</i>	
30. DATE SIGNED (Month, Day, Year) 2-1-94		31. DATE SIGNED (Month, Day, Year) COUNTY	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Kathleen Hirtz M.D. 1717 Centennial Bl. Springfield, Ore 97477			
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
34. 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) Respiratory Arrest		Interval between onset and death	
(b) COPD		Interval between onset and death	
(c) Cigarette Smoking		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? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41d. 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  
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DATE ISSUED: FEB 4 1994

ORIGINAL-VITAL STATISTICS COPY

KENNETH W. CHAMPCON  
COUNTY REGISTRAR  
LANE COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Mountain Title Co the 28th day of Sept 95 at 3:49 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 26364

FEE \$10.00

RETURN: MTC

Bernetha G. Letsch, County Clerk  
By Annette Mueller