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I.D. TAG NO.

951248

Local File Number

10257

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

Vol M95 Page 33521

State File Number

1. DECEDENT'S NAME: First: Ruth	Middle: Vaidee	Last: WEITMAN	2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): September 22, 1995	
4. SOCIAL SECURITY NUMBER: 501-09-6855	5a. AGE-Last Birthday (Years): 81	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Halliday, ND	7. DATE OF BIRTH (Month, Day, Year): August 11, 1914

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

8a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 4344 Rogue River Drive	8c. CITY, TOWN, OR LOCATION OF DEATH: Eagle Point	8d. COUNTY OF DEATH: Jackson
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cook	10b. KIND OF BUSINESS/INDUSTRY: Cafeteria	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Gene		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Jackson	13c. CITY, TOWN OR LOCATION: Eagle Point
13d. STREET AND NUMBER: 4344 Rogue River Drive		
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97524	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: Lloyd Logan Davis	18. MOTHER - NAME first middle maiden: Edith Emaline Medin	19. INFORMANT - NAME and relationship to deceased: Gene Weitman - 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): Memory Gardens Memorial Park	20c. LOCATION - City or Town, State: Medford, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]	21b. LICENSE NUMBER (Of Licensee): 3316	22. NAME, ADDRESS AND ZIP OF FACILITY: Rogue Valley Funeral Alternatives 835 B Alder Ck. Dr., Medford, OR 97504
23. DATE FILED (Month, Day, Year): SEP 27 1995	24. REGISTRAR'S SIGNATURE: Delia Cohen	

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

10-6-95 3

12-07-95P03:23 RCVD

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 12:50 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) [signature] MD

30. DATE SIGNED (Month, Day, Year): 9/26/95

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): June L. Symens, M.D. 555 Black Oak Drive Medford, OR 97504

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) Uremia — Interval Between Onset and Death: 6 wks
DUE TO, OR AS A CONSEQUENCE OF:
(b) Withdrawal from dialysis / ESRD 2° Atherosclerotic Renal dz — 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.
ASCVD

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ 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 ☐ Other ☐ Pending Investigation ☐ Undetermined ☐ Could Not Be Determined ☐ 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 12/94

After recording return to:
Gene Weitman
4344 Rogue River Dr
Eagle Point OR 97524

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

DATE ISSUED: OCT 0 6 1995

Henry Collins Jr.
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Mountain Title Company the 7th day of December A.D., 19 95 at 3:23 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 33521.

Bernetha G. Letsch, County Clerk

FEE $10.00

By Bonnette Mueller