11189

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol. M95 Page 35414

191351 I.D. TAG NO.

53 Local File Number

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

136- 95-021851 State File Number

95 DEC 28 P3:26

1. DECEDENT'S NAME: First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)	
Lynn	Minor	BROWN	M	October 25, 1995	
4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (Years)	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
540-46-2922	60			Jefferson, Oregon	January 18, 1935

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No

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

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH	
315 W 7th Street	Wallowa	Wallowa	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
LCDR	US Coast Gaurd	Married	Yvonne
13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Wallowa	Wallowa	315 W. 7th Street
13e. INSIDE CITY LIMITS? [X] Yes [ ] No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [ ] Yes Specify	15. RACE American Indian, Black, White, etc. (Specify)
	97885		White

16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) | College (1-4 or 5+): 3

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Elmo D. Brown	Janet Virginia Belknap	Lorraine Swift Daughter
20a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [X] Removal from State [ ] Donation [ ] Mausoleum [ ] Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
	Mnt View Crematory	Walla Walla; Washington
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
	3048	Bollman Funeral Home 315 W Main St Enterprise 97828
23. DATE FILED (Month, Day, Year)		24. REGISTRAR'S SIGNATURE
October 30, 1995		

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [ ] NO [X] N/A

26. WAS GIFT MADE? [ ] YES [ ] NO [X] N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?
7:30 A. M	[ ] Yes [X] 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) R Woods MD

30. DATE SIGNED (Month, Day, Year): 10-26-95

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): Rusty Woods MD 115 N. River Enterprise OR 97828

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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)	Colon Cancer (Adenocarcinoma) metastatic to Lungs & Brain	Interval between onset and death: 6 years
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:		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 [X] No [ ] Unknown	38. AUTOPSY [ ] Yes [X] No	39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [X] N/A	
40. MANNER OF DEATH [X] 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 [X] No
	41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)	41d. DESCRIBE HOW INJURY OCCURRED	
		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE: Item 18, corrected by Funeral Home Affidavit, 11-22-95 #Z6347, E. Johnson II, State Reg., klc

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED NOV 22 1995

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Casey Brown the 28th day of Dec A.D., 19 95 at 3:26 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 35414.

FEE $10.00

RETURN: Casey Brown
P.O. Box 735
Gilchrist, Or 97737

Bernetha G. Letsch, County Clerk
By Pauline Mullendore