

148050
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Vol. 96 Page 4082

13305

Local File Number

2188

136

State File Number

1. DECEDENT'S First Middle Last Glen Edward ROPER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) November 1, 1994
4. SOCIAL SECURITY NUMBER 531-07-1771		5a. AGE-Last Birthday (Years) 83	5b. Under 1 Year Mos. Days 5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Verdon, Oklahoma		7. DATE OF BIRTH (Month, Day, Year) April 16, 1911	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> OTHER	
9b. FACILITY NAME (If not institution, give street and number) 2472 N. 34th		9c. 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) Timber Faller & Bucker		10b. KIND OF BUSINESS/INDUSTRY Timber	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Deledda Roper	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Lane	
13c. CITY, TOWN OR LOCATION Springfield		13d. STREET AND NUMBER 2472 N. 34th	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 8		17. INFORMANT - NAME and relationship to deceased Deledda Roper - Wife	
18. FATHER - NAME first middle last James Edward Roper		19. MOTHER - NAME first middle maiden Martha Swaffard	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Springfield Memorial Gardens		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Springfield Memorial Gardens	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Arnie Mack</i>		21b. LICENSE NUMBER (Of Licensee) 47-3275	
22. NAME, ADDRESS AND ZIP OF FACILITY Springfield Memorial Gardens & Funeral Home		23. DATE FILED (Month, Day, Year) NOV 4 1994	
24. REGISTRAR'S SIGNATURE <i>Victor Kay Nease</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. TIME OF DEATH 0745 a.m.		27. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Warren F. Dopson</i>		29. DATE SIGNED (Month, Day, Year) 11/2/94	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Warren F. Dopson PC, 960 N. 16th Suite 303 Springfield, OR 97477		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
32. 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.) (a) Unknown (b) Found dead on floor (c) At home, no autopsy done		33. INTERVAL BETWEEN ONSET AND DEATH	
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. DATE OF INJURY (Month, Day, Year) 11/2/94		39. TIME OF INJURY M	
40. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) At home		41. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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REGISTERED AT THE OFFICE OF THE LANE COUNTY REGISTRAR.

DATE ISSUED:

NOV 4 1994

KENNETH W. CHAMPION
COUNTY REGISTRAR
LANE COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : SS.

Filed for record at request of James Roper the 13th day
of Feb A.D., 19 96 at 10:43 o'clock A M., and duly recorded in Vol. M96
of Deeds on Page 4082

FEE \$10.00

Return: James Roper, 3903 Pinyon ST.,
Springfield, OR 97478By Bernetha G. Letsch, County Clerk