13471

173999 I.D. TAG NO.
079 Local File Number

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

136- Vol M96 Page 4356 State File Number

'96 FEB 15 P2:25

1. DECEDENT'S NAME: First Bernhardt; Middle George; Last WATROUS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): March 12, 1995
4. SOCIAL SECURITY NUMBER: 564-32-8961
5a. AGE-Last Birthday (Years): 65
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): New York, N.Y.
7. DATE OF BIRTH (Month, Day, Year): Sept. 22, 1929
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)
9b. FACILITY NAME (If not institution, give street and number): Pacific Communities Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Newport
9d. COUNTY OF DEATH: Lincoln
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Postal Worker
10b. KIND OF BUSINESS/INDUSTRY: US Mail
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): divorced
12. SPOUSE (If Married, Widowed): -
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Lincoln
13c. CITY, TOWN OR LOCATION: Newport
13d. STREET AND NUMBER: 936 SW Angle St.
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97365
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+):
17. FATHER - NAME first middle last: Albert Watrous
18. MOTHER - NAME first middle maiden: -
19. INFORMANT - NAME and relationship to deceased: Scott Watrous, son
20a. METHOD OF DISPOSITION: ☐ Interment ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Central Coast Crematorium
20c. LOCATION - City or Town, State: Newport, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Robert Alene Bateman
21b. LICENSE NUMBER (Of Licensee): 47-3033
22. NAME, ADDRESS AND ZIP OF FACILITY: Bateman Funeral Home, 915 NE Yaquina Hts. Dr., Newport, Oregon 97365
23. DATE FILED (Month, Day, Year): March 16, 1995
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

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 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)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 17:30 P M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): March 12, 1995 17:30 P 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) Richard A Beemer M.D.
33. DATE SIGNED (Month, Day, Year): 3-15-95
COUNTY: Lincoln

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Richard Beemer, M.D. PO Box 2067, Newport, Oregon 97365
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) Gunshot Wound of heart with Perforated Pericardial Tamponade — Interval between onset and death: Minutes
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: Gunshots head and Right Thigh
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)

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

DATE ISSUED MAR 16 1995

Hilda Moravick
HILDA MORAVICK
COUNTY REGISTRAR
LINCOLN COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Scott Watrous the 15th day of February A.D., 19 96 at 2:25 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 4356.

FEE $10.00

Bernetha G. Letsch, County Clerk
By Dawlene Mullendore

Return: Scott Watrous, 1162 Tyler St., Eugene, OR 97402