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13787

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

136

I.D. TAG NO. 000175 (Local File Number)

State File Number

1. DECEDENT'S NAME: First: Paul	Middle: Daniel	Last: JENKINS	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): January 20, 1996	
4. SOCIAL SECURITY NUMBER: 702-12-7802	5a. AGE-Last Birthday (Years): 86	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Patronsburg, MO	7. DATE OF BIRTH (Month, Day, Year): September 15, 1909

8a. PLACE OF DEATH (Check only one): 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No — ☒ Hospital: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — ☐ OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9a. FACILITY NAME (If not in hospital, give street and number): Sacred Heart Hospital	9b. CITY, TOWN, OR LOCATION OF DEATH: Eugene	9c. COUNTY OF DEATH: Lane
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Oil Field Worker	10b. KIND OF BUSINESS/INDUSTRY: Oil & Gas	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed, Divorced): Gladys Jenkins		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Lane	13c. CITY, TOWN OR LOCATION: Eugene
13d. STREET AND NUMBER: 3700 Babcock Lane Sp. 96		
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No	13f. ZIP CODE: 97401	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: Charlie — Middle: — Last: Jenkins	18. MOTHER - NAME: First: Ruth — Middle: Daniel — Maiden:	19. INFORMANT - NAME and relationship to deceased: Gladys Jenkins - Wife
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Springfield Memorial Gardens	20c. LOCATION - City or Town, State: Springfield, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Greg Mark Moore	21b. LICENSE NUMBER (Of Licensee): 47-3275	22. NAME, ADDRESS AND ZIP OF FACILITY: Springfield Memorial Gardens Funeral Home, 7305 Main St., Springfield, OR 97478
23. DATE FILED (Month, Day, Year): JAN 23 1996		24. REGISTRAR'S SIGNATURE: Victoria Kay Tease

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: 3:30 A.M. — 27a. 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): Phillip Taggart

30. DATE SIGNED (Month, Day, Year): 1/23/96

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M — 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)

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): Phillip R. Taggart, M.D., 495 Oakway Rd., Eugene, OR 97401

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

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) DUE TO, OR AS A CONSEQUENCE OF: acute myocardial infarction — Interval between onset and death: days
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not resulting in the underlying cause given in PART I.: renal failure

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 ☐ Other (Specify) ☐ Pending Investigation ☐ Undetermined Manner ☐ Could not be determined

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)

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ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED: JAN 23 1996

Ada M. Noble
ADA M. NOBLE
COUNTY REGISTRAR
LANE COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Sammy Wilbanks the 23rd day of February A.D., 19 96 at 11:12 o'clock A M., and duly recorded in Vol. M96 of Deeds on Page 4959.

Bernetha G. Letsch, County Clerk

FEE $10.00

Return: Sammy Wilbanks
293 Hambletonian Drive
Eugene, Oregon 97401

By Cheryl Russell