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OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

'96 JUN 20 P3:44

TYPE OR PRINT IN PERMANENT BLACK INK

089302 — Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136- 90-019782 — State File Number

1 DECEDENT'S NAME	First: Robert; Middle: NMN; Last: SMALL
2 SEX	M
3 DATE OF DEATH (Month, Day, Year)	October 18, 1990
4 SOCIAL SECURITY NUMBER	555-12-0854
5a AGE - Last Birthday (Years)	68
5b Under 1 Year: Months / Days	
5c Under 1 Day: Hours / Minutes	
6 BIRTHPLACE (City and State or Foreign Country)	Newark, New Jersey
7 DATE OF BIRTH (Month, Day, Year)	November 16, 1921
8 WAS DECEDENT EVER IN U.S. ARMED FORCES?	☒ No ☐ Yes
9a 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)	Valley West Health Care Center
9c CITY, TOWN, OR LOCATION OF DEATH	Eugene
9d COUNTY OF DEATH	Lane
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	Cattle Buyer
10b KIND OF BUSINESS/INDUSTRY	Self-employed
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	Divorced
12 SPOUSE (If Married, Widowed, or Divorced)	
13a RESIDENCE - STATE	Oregon
13b COUNTY	Lane
13c CITY, TOWN, OR LOCATION	Eugene
13d STREET AND NUMBER	91320 Hwy 99 N.
13e INSIDE CITY LIMITS?	☐ Yes ☒ No
13f ZIP CODE	97402
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, specify Cuban, Mexican, Puerto Rican, etc.)	☐ No ☐ Yes
15 RACE - American Indian, Black, White, etc. (Specify)	White
16 DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12): ; College (1-4 or 5+):
17 FATHER - NAME (First, Middle, Last)	Edward Small
18 MOTHER - NAME (First, Middle, Maiden)	Elsie Wilson
19 INFORMANT - NAME and relationship to deceased	Gloria Lopes - Ex-Wife
20a METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Rest Lawn Memorial Park
20c LOCATION - City or Town, State	Junction City, Oregon
21a SIGNATURE OF FUNERAL DIRECTOR/EMBALMER LICENSEE OR PERSON ACTING AS SUCH	Wm F Peeler
21b LICENSE NUMBER (Of Licensee)	3302
22 NAME, ADDRESS AND ZIP OF FACILITY	Springfield Memorial Gardens & Funeral Home 7305 Main St., Springfield, OR 97478
23 DATE SIGNED (Month, Day, Year)	OCT 19 1990
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	11:20 PM
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)	10/19/90

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH	AM / PM
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): Stuart Markwell, M.D., 1110 N. 18th, Suite 4, Springfield, OR 97477

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. — Interval between onset and death

PART I
(a) DUE TO, OR AS A CONSEQUENCE OF:
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II — OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I

37 Did tobacco use contribute to this death?	☐ Yes ☒ No ☐ Probably ☐ Unk
38 AUTOPSY	☐ Yes ☒ No
39 If YES were findings considered in determining cause of death?	☐ Yes ☐ No

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	AM / PM
41c INJURY AT WORK?	☐ Yes ☐ No
41c 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. 3-90

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: JUN 05 1996

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

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EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of AmeriTitle the 20th day of June A.D., 19 96 at 3:44 o'clock P.M., and duly recorded in Vol. M96, of Deeds on Page 18408.

FEE $10.00

Bernetha G. Letsch, County Clerk

By