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20398

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

87-013859

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

29064 ID TAG NO

35332 Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME: First Erna; Middle Jean; Last GRIGGS
2. DATE OF DEATH (month, day, year): JULY 26, 1987
3. RACE (White, Black, American Indian, etc.): White
4. SEX: FEMALE
5a. AGE—Last Birthday (years): 79
5b. Under 1 year: months
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): SEPTEMBER 13, 1907
7a. CITY, TOWN OR LOCATION OF DEATH: Gresham
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Mount Hood Medical Center
7c. IF HOSP OR INST: Indicate DOA or Emer. Rm. Inpatient (specify): INPATIENT
7d. COUNTY OF DEATH: Multnomah
8. STATE OF BIRTH (If not in U.S.A. name country): Idaho
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): WIDOWED
11. SPOUSE (IF MARRIED, WIDOWED): Laron
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13. SOCIAL SECURITY NUMBER: 540-32-7716
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): owner
14b. KIND OF BUSINESS OR INDUSTRY: grocery store
14c. STREET AND NUMBER OR R.F.D.: 4447 Laverne Avenue
ZIP: 97603
15c. Inside City Limits (specify yes or no): No
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN OR LOCATION: Klamath Falls
16. FATHER—NAME (first, middle, last): Joseph M. Peacock
17. MOTHER (first, middle, last, maiden name): Erna J. Hochstrasser
18. INFORMANT—NAME and relationship to deceased: Narsha Parr daughter
19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): BURIAL
19b. CEMETERY OR CREMATORY—NAME: Eternal Hills Cemetery
19c. LOCATION (city or town, state): Klamath Falls, Oregon
20a. FUNERAL SERVICE LICENSEE (person acting as such) (Signature): Wm. O. Tuttle
20b. NAME AND ADDRESS OF FACILITY: Butezna Funeral Chapel, Inc. P.O. Box 407, Gresham, Oregon 97030
20c. DATE SIGNED (Mo., Day, Year): 7-30-87
21c. HOUR OF DEATH: 1209 M
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
21a. (Signature): Peter J. Eldesbery
21b. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Peter J. Eldesbery, M.D. 9905 S.E. Orient Dr., Boring, Oregon 97009 ZIP
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
21e. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): AUG 05 1987
22a. REGISTRAR (Signature): Donald D. Bloom
22b.

PART I. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

23. IMMEDIATE CAUSE (a): Small bowel infarction 2° to Pseudomembranous colitis — Interval between onset and death: 10 days
DUE TO, OR AS A CONSEQUENCE OF (b): Renal cell carcinoma with metastasis — Interval between onset and death: 6 months
DUE TO, OR AS A CONSEQUENCE OF (c): — Interval between onset and death:

PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).
Gastric intestinal tumor with bleeding ulcer
AUTOPSY (Specify Yes or No): No
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

ACCIDENT (Specify Yes or No)
DATE OF INJURY (Mo., Day, Year)
HOUR OF INJURY
DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK (Specify Yes or No)
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify)
LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N.A. ☐
WAS GIFT MADE? YES ☐ NO ☐ N.A. ☐

RESERVED FOR REGISTRAR'S USE

4a-7 Rev. 6-86

ORIGINAL VITAL STATISTICS COPY

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.

EDWARD J. JOHNSON II
STATE REGISTRAR

DATE ISSUED: JUN 21 1996

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Laron Griggs the 25th day of June A.D., 1996 at 3:01 o'clock A M., and duly recorded in Vol. M96, of Deeds on Page 18858.

Bernetha G. Letsch, County Clerk

By

FEE $10.00

Return: Laron Griggs
4447 Laverne Avenue
Klamath Falls, Oregon 97603