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OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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

Local File Number: 204386 C1042
State File Number: 96-004469

Field	Entry
1. Decedent's Name (First, Middle, Last)	Marsha Lynne PARR
2. Sex	Female
3. Date of Death	February 14, 1996
4. Social Security Number	542-44-4120
5a. Age-Last Birthday (Years)	55
6. Birthplace	Salem, Oregon
7. Date of Birth	May 07, 1940
8. Was Decedent Ever in U.S. Armed Forces?	No
9a. Place of Death	Other: Decedent's Home
9b. Facility Name	22542 S.E. Morrison
9c. City, Town, or Location of Death	Gresham
9d. County of Death	Multnomah
10a. Decedent's Usual Occupation	Homemaker
10b. Kind of Business/Industry	Own Home
11. Marital Status	Married
12. Spouse	Gary Parr
13a. Residence - State	Oregon
13b. County	Multnomah
13c. City, Town or Location	Gresham
13d. Street and Number	22542 S.E. Morrison
13e. Inside City Limits	Yes
13f. Zip Code	97030
14. Was Decedent of Hispanic Origin?	No
15. Race	White
16. Decedent's Education	12
17. Father - Name	Laron Pratt Griggs
18. Mother - Name	Erma Jean Peacock
19. Informant - Name and relationship to deceased	Gary Parr-Husband
20a. Method of Disposition	Burial
20b. Place of Disposition	Willamette National Cem.
20c. Location	Portland OR
21a. Signature of Funeral Service Licensee	C Bartlett
21b. License Number	CO-3583
22. Name, Address and Zip of Facility	Bateman Carroll Funeral Chapel 520 W. Powell Blvd. Gresham, OR 97030
23. Date Filed	FEB 28 1996
26. Was Anatomical Gift Made?	No

TO BE COMPLETED BY CERTIFYING PHYSICIAN

Field	Entry
27. Time of Death	1320 M
28. Was Medical Examiner Notified?	No
29. Signature	Peter J Eidenberg MD
30. Date Signed	2-22-96
34. Name, Title, Address and Zip of Certifier	Peter J. Eidenberg M.D. - 433 N.E. Roberts - Gresham, OR 97030

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. Time of Death — 31b. Date Pronounced Dead — 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. — 33. Date Signed — County

36. Immediate Cause

PART I (a) Diffuse Metastatic Pulmonary Carcinoma - Primary Source Unknown

PART II Other Significant Conditions: Deep Vein Thrombophlebitis 11/3/95, Diabetes, Hypertension

38. Autopsy: No

40. Manner of Death: Natural

RESERVED FOR REGISTRAR'S USE

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 21 1996

EDWARD J. JOHNSON II
STATE REGISTRAR

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 PM., and duly recorded in Vol. M96 of Deeds on Page 18859.

Bernetha G. Letsch, County Clerk

FEE $10.00

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

By [signature]