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OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

Vol. M96 Page 18859

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

96-104469

Local File Number

State File Number

1. DECEDENT'S NAME First: Marsha Middle: Lynne Last: PARR		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) February 14, 1996
4. SOCIAL SECURITY NUMBER 542-44-4120		5. AGE (Last birthday) 55	6. BIRTHPLACE (City and State or Foreign Country) Salem, Oregon
7. DATE OF BIRTH (Month, Day, Year) May 07, 1940		8. PLACE OF DEATH (Check only one) ☐ HOME ☐ HOSPITAL ☐ INFIRMARY ☐ NURSING HOME ☐ OTHER ☐ OTHER (Specify):	
9. FACILITY NAME (if not institution, give street and number) 22542 S.E. Morrison		10. CITY, TOWN, OR LOCATION OF DEATH Grasshopper	
11. COUNTY OF DEATH Multnomah		12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	
13. KIND OF BUSINESS/INDUSTRY Own Home		14. MARITAL STATUS (Married, Widowed, Divorced, Single) Married	
15. SPOUSE (If Married, Widowed, Divorced, Single) Gary Parr		16. DECEASED'S EDUCATION (Specify only highest grade completed) 12	
17. RESIDENCE - STATE Oregon		18. COUNTY Multnomah	
19. CITY, TOWN OR LOCATION Grasshopper		20. STREET AND NUMBER 22542 S.E. Morrison	
21. INSIDE CITY LIMITS ☐ Yes ☒ No		22. ZIP CODE 97038	
23. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		24. RACE (American Indian, Black, White, etc.) White	
25. FATHER - NAME, first middle last Laron Pratt Griggs		26. MOTHER - NAME, first middle last Eva Jean Paschke	
27. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):		28. PLACE OF DISPOSITION (place of interment, crematory, or other place) Willamette National Cem.	
29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH C. Battell		30. NAME, ADDRESS AND ZIP OF FACILITY Bethesda-Carroll Funeral Chapel 520 W. Potomac Blvd. Bethesda, MD 20814	
31. DATE FILED (Month, Day, Year) FEB 28 1996		32. REGISTRAR'S SIGNATURE [Signature]	
33. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A			
34. TIME OF DEATH 1320			
35. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No			
36. To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature) Peter J. Eidenberg			
37. DATE SIGNED (Month, Day, Year) 2-22-96			
38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Peter J. Eidenberg M.D. - 430 S.E. Roberts - Grasshopper, OR 97030			
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Eidenberg			
40. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b) Do not enter mode of death, e.g., <i>Critically ill</i> or <i>Respiratory Arrest</i>) PART I: (a) Diffuse Metastatic Colorectal Carcinoma - Primary Source			
(b) Unknown			
41. DUE TO, OR AS A CONSEQUENCE OF: PART II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I: Deep Venous Thrombophlebitis, Diabetes, Hypertension			
42. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accidental ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Other:			
43. DATE OF ONSET (Month, Day, Year) 11/18/95			
44. TIME OF ONSET M			
45. PLACE OF ONSET At Home			
46. DATE OF DEATH 2/14/96			
47. TIME OF DEATH 1320			
48. PLACE OF DEATH Grasshopper			
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52. STATE Oregon			
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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.

JUN 21 1996

DATE ISSUED:

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**

FEE \$10.00

Return: Laron Griggs

By

4447 Laverne Avenue
Klamath Falls, Oregon 97603

Bernetha G. Letsch, County Clerk