21592 '96 JUL 18 A11:55 Vol. M96 Page 21469

TYPE OR PRINT IN PERMANENT BLACK INK

I.D. TAG NO. 189677

Local File Number 1659

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

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Mary; Middle: Barbara; Last: BUTTE
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): September 19, 1995
4. SOCIAL SECURITY NUMBER: 540-22-0859
5a. AGE-Last Birthday (Years): 70
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Salem, Oregon
7. DATE OF BIRTH (Month, Day, Year): April 6, 1925
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
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): Salem Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Salem
9d. COUNTY OF DEATH: Marion
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Realtor
10b. KIND OF BUSINESS/INDUSTRY: Real Estate Sales
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): William Carl Butte
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Marion
13c. CITY, TOWN OR LOCATION: Salem
13d. STREET AND NUMBER: 1091 Ivy Way N.E.
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97303
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): ; College (1-4 or 5+): 4

PARENTS

17. FATHER - NAME first middle last: Guy Causey
18. MOTHER'S NAME - first middle maiden: Hazel Bigham
19. INFORMANT - NAME and relationship to deceased: William Carl Butte-Husband

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Masoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Willamette National Cemetary
20c. LOCATION - City or Town, State: Portland, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (If Applicable): 47-3188
22. NAME, ADDRESS AND ZIP OF FACILITY: Hendrick Funeral Home 97301, 205 Church St. S.E., Salem, Oregon
23. DATE FILED (Month, Day, Year): SEP 26 1995
24. REGISTRAR'S SIGNATURE: [signature]
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 8:55 A.M.
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): [signature] M.D.
30. DATE SIGNED (Month, Day, Year): September 25, 1995

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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): Robert F. Franklin, M.D., 980 Oak St. S.E., Salem OR, 97301
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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 abbreviate. Enter e.g. Cardiac or Respiratory Arrest.
PART I (a) Metastatic Carcinoma of the Colon — Interval between onset and death: 5 Yrs
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Glaucoma, Emphysema
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 ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
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)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-92

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MARION COUNTY REGISTRAR.

DATE ISSUED: SEP 26 1995

Ruth A. Johnson

RUTH A. JOHNSON
COUNTY REGISTRAR
MARION COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

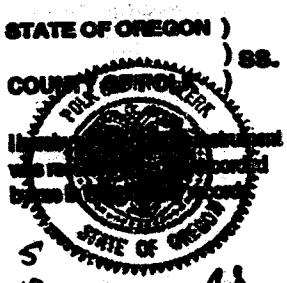
B320P0394 96 JUL-5 PM 1:17

M320P0896 96 JUL -5 PM 1:17

21470

416528

STATE OF OREGON)
) ss.
COUNTY OF KLAMATH)



5
10 CS

LINDA EVANSON,
COUNTY CLERK

O.C.
William Butte

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of AmeriTitle the 18th day of July A.D., 19 96 at 11:55 o'clock AM., and duly recorded in Vol. M96, of Deeds on Page 21469.

Bernetha G Letsch, County Clerk

By _____

FEE $15.00

Return: Carl Butte
1091 Ivy Way NE
Salem, Oregon 97303

087914