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193695 OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
002596 Local File Number
CERTIFICATE OF DEATH
136- State File Number

1. DECEDENT'S NAME: First Elizabeth; Middle Ruth; Last MOTSCHENBACHER
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): December 22, 1995
4. SOCIAL SECURITY NUMBER: 560-24-2981
6a. AGE - Last Birthday (Years): 73
6b. Under 1 Year: Months / Days
6c. Under 1 Day: Hours / Min.
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, OR
7. DATE OF BIRTH (Month, Day, Year): June 15, 1922
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Sacred Heart Hospital
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.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Bernard
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Lane
13c. CITY, TOWN, OR LOCATION: Eugene
13d. STREET AND NUMBER: 5197 Trevon Street
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 Specify:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 3
17. FATHER - NAME first middle last: Elmer Waits
18. MOTHER - NAME first middle maiden: Elsnor Cowling
19. INFORMANT - NAME and relationship to deceased: Toni Myers - Daughter
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Mausoleum
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Chapel Of Memories Crematory
20c. LOCATION - City or Town, State: Eugene, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Andrea Tinkey Hiatt
21b. LICENSE NUMBER (Of Licensee): 3510
22. NAME, ADDRESS AND ZIP OF FACILITY: Chapel Of Memories Funeral Home, 3745 West 11th Ave., Eugene, OR 97402
23. DATE FILED (Month, Day, Year): DEC 27 1995
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: 7:10 P 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): Frank Littell MD
30. DATE SIGNED (Month, Day, Year): December 26, 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 (MD/DO/CORONER/MEDICAL EXAMINER (Type or Print)): Frank H. Littell MD, 1200 Hilyard Street, Eugene, Oregon 97401 Suite S-200
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.
PART I (a) Upper gastrointestinal hemorrhage - cause unknown DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 1-2 day
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1.: Parkinson's Disease
37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
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

'96 JUL 30 P2:34

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DATE ISSUED: DEC 27 1995

Ada M. Noble
ADA M. NOBLE
COUNTY REGISTRAR
LANE COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Richard Fairclo, Attorney the 30th day of July A.D., 19 96 at 2:34 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 23014.

FEE $10.00

Richard Fairclo, Atty.
280 Main St.
K.Falls, OR 97601

Bernetha G. Letsch County Clerk
By