

22585

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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M96 38209-KA

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22585

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136 90-005962

Local File Number: D-5162 L.D. TAG NO. 057

Decedent's Name: **Marjorie Jean MORGAN** Sex: **F** Date of Birth (month, day, year): **March 24, 1990**

4. SOCIAL SECURITY NUMBER: **592-20-7173** 5. AGE: **66** 6. SEX: **F** 7. DATE OF BIRTH (month, day, year): **March 24, 1990**

8. PLACE OF BIRTH (city and state): **Parma, Idaho** 9. DATE OF BIRTH (month, day, year): **September 26, 1923**

10. PLACE OF DEATH (check only one): ☒ Hospital ☐ Home ☐ Other (specify): **40447 McKenzie Hwy. Springfield Lane**

11. DECEASED'S USUAL OCCUPATION: **Housewife** 12. KIND OF BUSINESS/EMPLOYMENT: **Own home** 13. MARITAL STATUS: **Divorced**

14. RESIDENCE - STATE: **Oregon** 15. CITY, TOWN, OR LOCATION: **Springfield** 16. COUNTY: **Lane**

17. FATHER - NAME (last, first, middle): **Paul Connor** 18. MOTHER - NAME (last, first, middle): **Ethel Wheat**

19. DECEASED'S EDUCATION: **High School Graduate** 20. DECEASED'S EDUCATION: **High School Graduate**

21. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Other (specify): **Chapel of Memories Crematorium Eugene, Oregon**

22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: **One Mack Morgan** 23. LICENSE NUMBER: **47-3275**

24. DATE FILED (month, day, year): **RECD MAR 27 1990** 25. SIGNATURE OF REGISTRAR: **Edward J. Johnson**

26. TIME OF DEATH: **3:45 P** 27. DATE OF DEATH: **3/25/90**

28. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN: **Marion L. Purvis, Jr., M.D., P.C., 677 E. 17th, Suite 410, Eugene, OR 97401**

29. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, AND 1c. Do not enter mode of dying, e.g., Choke or Respiratory Arrest): **Undetermined natural cause**

30. OTHER SIGNIFICANT CONDITIONS: **None**

31. MODE OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention

32. DATE OF REPORT: **3/25/90** 33. TIME OF REPORT: **3:45 P** 34. BLINDNESS AT REPORT: **No**

35. PLACE OF BLINDNESS: **At home, town, street, house, office, nursing, etc. (Specify)** 36. LOCATION (street and number or Rural Route Number, City or Town, State): **40447 McKenzie Hwy. Springfield Lane**

RECEIVED FOR REGISTRAR'S USE

ADJUTANT - 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.

JUL 30 1996

DATE ISSUED:

EDWARD J. JOHNSON II
STATE REGISTRARAfter recording return to:
Charles Garrison
40447 Mc Kenzie Hwy
Springfield, OR 97478STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

AmeriTitle

on this 2nd day of August A.D., 19 96
at 3:47 o'clock PM and duly recorded
in Vol. M96 of Deeds Page 23687

Bernetha G Letsch, County Clerk

By Edward J. Johnson II

Deputy.

Fee, \$10.00