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AHC # 971840

228553
I.D. TAG NO.
776-96
Local File Number

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

136-
State File Number

1. Decedent's Name (First, Middle, Last)	Mary Jo PETRIE
2. Sex	Female
3. Date of Death	November 18, 1996
4. Social Security Number	543-18-6032
5a. Age-Last Birthday (Years)	75
6. Birthplace	Gold Hill, OR
7. Date of Birth	November 09, 1921
8. Was Decedent Ever in U.S. Armed Forces?	No
9a. Place of Death	Hospital: Inpatient
9b. Facility Name	Three Rivers Hosp - Washington Campus
9c. City, Town, or Location of Death	Grants Pass
9d. County of Death	Josephine
10a. Decedent's Usual Occupation	Homemaker
10b. Kind of Business/Industry	Own Home
11. Marital Status	Divorced
12. Spouse	-
13a. Residence - State	Oregon
13b. County	Jackson
13c. City, Town or Location	Gold Hill
13d. Street and Number	862 Foots Creek Road
13e. Inside City Limits?	No
13f. Zip Code	97525
14. Was Decedent of Hispanic Origin?	No
15. Race	White
16. Decedent's Education	Elementary/Secondary: 11
17. Father - Name	Edward Raphele Prefontaine
18. Mother - Name	Ida May Witherill
19. Informant	Edward Jones (Son)
20a. Method of Disposition	Burial
20b. Place of Disposition	Rock Point Cemetery
20c. Location	Gold Hill, OR
21a. Signature of Funeral Service Licensee	Kendra J Johnson
21b. License Number	0331
22. Name, Address and Zip of Facility	Hull & Hull Funeral Directors, 612 NW A St. Grants Pass, OR 97526
23. Date Filed	November 25, 1996
24. Registrar's Signature	LaVerla J. Young
25. Did Hospital Representative Make Request for Anatomical Gift Consent?	Yes
26. Was Gift Made?	No
27. Time of Death	2325 M
28. Was Medical Examiner Notified?	No
29. Signature (Certifying Physician)	[signature]
30. Date Signed	11/21/96
34. Name, Title, Address and Zip of Certifier	Carlos E Marchini MD 874 NE 7th Street Grants Pass OR 97526
36. Immediate Cause (a)	cerebrovascular accident due to anoxic brain injury — 6 days
(b) Due to	Extensive pneumonia due to Pseudomonas aeruginosa — 7 days
(c) Due to	Severe COPD / emphysema - chronic bronchitis — 3-5 y
37. Did tobacco use contribute to the death?	Yes
38. Autopsy	No

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 2/96

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

DATE ISSUED: NOV 25 1996

LaVerla J. Young
LA VERLA J. YOUNG
COUNTY REGISTRAR
JOSEPHINE COUNTY, OREGON

'97 JUN 30 AM 11:06

After Recording return to: Edward W. Jones 29908 NW Street, Klamath Falls OR 97601

ATE 20110

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title & Escrow the 30th day of June A.D., 19 97 at 11:06 o'clock A. M., and duly recorded in Vol. M97, of Deeds on Page 20247.

Bernetha G. Letsch, County Clerk

FEE $10.00 By Kathleen Ross