

228553
ID. TAG NO.
776-96
Local File Number

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

State File Number

1. DECEDENT'S NAME First: <u>Mary</u> Middle: <u>Jo</u> Last: <u>PETRIE</u>		2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>November 18, 1996</u>
4. SOCIAL SECURITY NUMBER <u>543-18-6032</u>	5a. AGE Last Birthday (Years) <u>75</u>	5b. Under 1 Year Mths. <u>75</u> Days <u>00</u> Hours <u>00</u> Mins. <u>00</u>	6. BIRTH PLACE (City and State or Foreign Country) <u>Cold Hill, OR</u>
7. DATE OF BIRTH (Month, Day, Year) <u>November 02, 1921</u>		8. PLACE OF BIRTH (Check only one) ☐ Hospital ☒ Inpatient ☐ Outpatient ☐ Other ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) <u>Three Rivers Hosp - Washington Campus</u>			
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Homemaker</u>		11. MARITAL STATUS - Married ☐ Never Married ☐ Widowed ☐ Divorced ☒ <u>Josephine</u>	
12. RESIDENCE - STATE <u>Oregon</u> COUNTY <u>Jackson</u>		13. CITY, TOWN OR LOCATION <u>Gold Hill</u>	
14. INSIDE CITY LIMITS ☐ Yes ☒ No <u>97525</u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>11</u>		17. INFORMANT - Name and relationship to decedent <u>Edward Jones (Son)</u>	
18. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		19. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Rock Point Cemetery</u>	
20. LOCATION - City or Town, State <u>Gold Hill, OR</u>		21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Kendra Johnson</u>	
22. DATE FILED (Month, Day, Year) <u>November 25, 1996</u>		23. LICENSE NUMBER (Of Licensee) <u>0331</u>	
24. NAME, ADDRESS AND ZIP OF FACILITY <u>Hull & Hull Funeral Directors</u>		25. REGISTRATION SIGNATURE <u>La Verla J. Young</u>	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO		27. WAS GIFT MADE? ☐ YES ☒ NO	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
28. TIME OF DEATH <u>2325</u>		29. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No	
30. To the best of my knowledge, belief, and opinion at the time, date, place and due to the cause(s) and manner stated (Signature) <u>[Signature]</u>			
31. DATE SIGNED (Month, Day, Year) <u>11/21/96</u>			
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Carlos E Marchini MD 874 NE 7th Street Grants Pass OR 97526</u>			
33. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or Print)			
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z) Do not enter cause of dying, e.g. Cardiac or Respiratory Arrest			
35. DUE TO, OR AS A CONSEQUENCE OF: (a) <u>Cerebrovascular accident</u> (b) <u>Extensive pneumonia due to Pseudomonas aeruginosa</u> (c) <u>Sorene CORO / emphysema - chronic bronchitis</u>			
36. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I			
37. MANNER OF DEATH ☐ Natural ☐ Pending investigation ☐ Accident ☐ Under medical supervision ☐ Suicide ☐ Homicide ☐ Legal intervention ☐ Other			
38. DATE OF INJURY (Month, Day, Year) <u>11/18/96</u>			
39. TIME OF INJURY <u>M</u>			
40. INJURY AT WORK? ☐ Yes ☒ No			
41. PLACE OF INJURY - At home (farm, forest, factory, office, building, etc.) (Specify)			
42. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

ORIGINAL VITAL STATISTICS COPY

45-2 Rev 2/96

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NOV 25 1996

DATE ISSUED

La Verla J. Young
LA VERLA J. YOUNG
COUNTY REGISTRAR
JOSEPHINE COUNTY, OREGON

STATE OF OREGON; COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 30th day
of June A.D. 1997 at 11:06 o'clock A. M., and duly recorded in Vol. 1997
of Deeds on Page 20247

FEE \$10.00

By Bernetha G. Leisch, County ClerkBy Kathleen Kozzi