42789

Vol M97 Page 25379

CERTIFICATION OF VITAL RECORD

After recording retrun to:
Kristine Lanz
606 Dolash Ct.
Newberg, OR 97132

Local File Number: C3449

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

State File Number

Field	Entry
1. Decedent's Name (First, Middle, Last)	Ida Lorraine MELLENTINE
2. Sex	Female
3. Date of Death	June 25, 1997
4. Social Security Number	540-40-6625
5a. Age-Last Birthday (Years)	78
6. Birthplace	Herts, Sask, Canada
7. Date of Birth	January 17, 1919
8. Was Decedent Ever in U.S. Armed Forces?	No
9a. Place of Death	Hospital: Inpatient
9b. Facility Name	Portland Adventist Medical Center
9c. City, Town or Location of Death	Portland
9d. County of Death	Multnomah
10a. Decedent's Usual Occupation	Homemaker
10b. Kind of Business/Industry	Own Home
11. Marital Status	Widowed
12. Spouse	Frederick Mellentine
13a. Residence - State	Oregon
13b. County	Multnomah
13c. City, Town or Location	Portland
13d. Street and Number	10507 SE Steel
13e. Inside City Limits?	Yes
13f. Zip Code	97266
14. Was Decedent of Hispanic Origin?	No
15. Race	White
16. Decedent's Education (College)	1
17. Father - Name	Clarence Johnson
18. Mother - Maiden Name	Olive Ferguson
19. Informant	Bonnie Schlecht-Daughter
20a. Method of Disposition	Burial
20b. Place of Disposition	Linkville Cemetery
20c. Location	Klamath Falls, Oregon
21a. Signature of Funeral Service Licensee	[signature]
21b. License Number	CO-3572
22. Name, Address and Zip of Facility	O'Hair's Funeral Chapel, 515 Pine St, Klamath Falls, OR 97601
23. Date Filed	JUL 03 1997
24. Registrar's Signature	[signature]
25. Did hospital representative make request for anatomical gift consent?	N/A
26. Was gift made?	N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

Field	Entry
27. Time of Death	1810 PM
28. Was Medical Examiner Notified?	Yes
29. Signature	[signature]
30. Date Signed	6/26/97

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. Time of Death — 31b. Date Pronounced Dead — 32. Signature — 33. Date Signed — County

34. Name, Title, Address and Zip of Certifier/Medical Examiner: Darrell Brett, MD, 10101 SE Main, Suite 1006, Portland, Oregon

35. Name of Attending Physician if Other Than Certifier

36. Immediate Cause, Part I (a): Subarachnoid hemorrhage — Interval between onset and death: Hours

(b) Due to, or as a consequence of:

(c) Due to, or as a consequence of:

Part II. Other Significant Conditions

37. Did tobacco use contribute to the death? Unknown

38. Autopsy: No

39. If yes were findings considered in determining cause of death?

40. Manner of Death: Natural

41a. Date of Injury — 41b. Time of Injury — 41c. Injury at Work? — 41d. Describe How Injury Occurred — 41e. Place of Injury — 41f. Location

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 2/95

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

DATE ISSUED: JUL 09 1997

Hilda Chaski Adams, MPH
HILDA CHASKI ADAMS, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

'97 AUG -4 P3:21

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Kristine Lanz the 4th day of August A.D., 19 97 at 3:21 o'clock P. M., and duly recorded in Vol. M97 of Deeds on Page 25379.

Bernetha G. Letsch, County Clerk

FEE $10.00

By Kathleen Ross