CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

69560

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237619
I.D. TAG NO.

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

711 — Local File Number

136- 98-007991 — State File Number

1. DECEDENT'S NAME (First, Middle, Last): Robert Lee COATS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 2, 1998
4. SOCIAL SECURITY NUMBER: 484-12-2030
5a. AGE-Last Birthday (Years): 73
5b. Under 1 Year (Mos, Days):
5c. Under 1 Day (Hours, Mins):
6. BIRTHPLACE (City and State or Foreign Country): Victor, Iowa
7. DATE OF BIRTH (Month, Day, Year): June 18, 1924
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Vincent Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Washington
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Civil Engineer
10b. KIND OF BUSINESS/INDUSTRY: R. L. Coats Construction
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Joyce Coats
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Deschutes
13c. CITY, TOWN OR LOCATION: Bend
13d. STREET AND NUMBER: 63285 Skyline Ranch Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97701
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): — College (1-4 or 5+): 4
17. FATHER - NAME (first, middle, last): Noel - Coats
18. MOTHER - NAME (first, middle, maiden): Verna - Sheridan
19. INFORMANT - NAME and relationship to deceased: Joyce Coats (Spouse)
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Coats Family Cemetery
20c. LOCATION - City or Town, State: Brothers, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. OREGON LICENSE NO. (Of Licensee): 46 2205
22. NAME, ADDRESS AND ZIP OF FACILITY: Tabor's Desert Hills Mortuary, 1441 NE Forbes Ave., Bend, Oregon 97701
23. DATE FILED (Month, Day, Year): APR 15 1998
24. REGISTRAR'S SIGNATURE: [signature]

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1050 A 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) H Storm Floten
30. DATE SIGNED (Month, Day, Year): 04/07/98

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/MEDICAL EXAMINER (Type or Print): Storm Floten M.D. - 9155 SW Barnes Rd. Suite # 240 - Portland, Oregon 97225
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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) Embolic cerebrovascular event — Interval between onset and death: 2 days
DUE TO, OR AS A CONSEQUENCE OF:
(b) Open Heart surgery — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
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 ☐ Other ☐ 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)

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ORIGINAL-VITAL STATISTICS COPY

45 2 Rev. 10/97

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

DATE ISSUED: OCT 27 1998

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

STATE OF OREGON 1859 — OREGON STATE HEALTH DIVISION

98 NOV 12 P3:47

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Merrill et al the 12th day of Nov A.D., 19 98 at 3:47 o'clock P M., and duly recorded in Vol. M98 of Deeds on Page 41365.

Bernetha G. Letsch, County Clerk
By Kathleen Ross

FEE $10.00 Ret: Merrill et al
1070 NW Bond St #303
Bend, Or 97701