70593

Vol. M98 Page 43540

'98 NOV 30 P1:53

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

IB-09872 (State File No.)
98-180 (Local File Number)
(State File Number)

1. DECEDENT'S NAME: First: Marjory; Middle: Ann; Last: JOHNS
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): Aug 30, 1998
4. SOCIAL SECURITY NUMBER: 516-38-6670
5a. AGE-Last Birthday (Years): 62
5b. If Under 1 Year: Hours / Days
5c. If Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Montana
7. DATE OF BIRTH (Month, Day, Year): Mar 27, 1936
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Residence ☐ Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): 2082 6th Avenue West
8c. CITY, TOWN, OR LOCATION OF DEATH: Vale
8d. COUNTY OF DEATH: Malheur
9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
9b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced): Married
12. SPOUSE (If married, Widowed): Eugene C.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Malheur
13c. CITY, TOWN OR LOCATION: Vale
13d. STREET AND NUMBER: 2082 6th Avenue West
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97918
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): 11; College (1-4 or 5+):
17. FATHER - NAME first middle last: John Lode
18. MOTHER - NAME first middle maiden: Montana Dora Suiste
19. INFORMANT - NAME and relationship to deceased: Eugene C. Johns
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Mausoleum
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cremation Society of Idaho
20c. LOCATION - City or Town, State: Boise, Idaho
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. OREGON LICENSE NO. (Of Licensee): CO-3675
22. NAME, ADDRESS AND ZIP OF FACILITY: Cremation Society of Idaho 5541 Overland Rd. Boise, ID83705
23. DATE FILED (Month, Day, Year): September 8, 1998
24. REGISTRAR'S SIGNATURE: Ruth Skinner
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 11.57P. 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): Daniel P Pflieger M.D.
30. DATE SIGNED (Month, Day, Year): 9/1/98

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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): Daniel Pflieger M.D., 789 Washington, Vale, OR. 97918
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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) Carcinoma c multiple metastases — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c)
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 (by) death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
38. AUTOPSY ☐ Yes ☐ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ Not

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other (Specify) ☐ 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)

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN COPY
RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 6/98

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

DATE ISSUED SEP 08 1998

Ruth Skinner
COUNTY REGISTRAR
MALHEUR COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Eugene Johns the 30th day of November A.D., 19 98 at 1:53 o'clock P. M., and duly recorded in Vol. M98, of Deeds on Page 43540.

FEE $10.00

After recording, return to:
Eugene Johns
2082 6th Ave West
Vale, OR 97918

Bernetha G. Letsch, County Clerk
By Kathleen Rose

'98 NOV 30 P1:53

STATE FILE NO. H-09872

98-180
Local File Number

OREGON CERTIFICATE OF HUMAN REMAINS DISPOSITION
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME: First: Marjory	Middle: Ann	Last: JOHNS	2. SEX: F	3. DATE OF DEATH (Month, Day, Year): Aug 30, 1998	
4. SOCIAL SECURITY NUMBER: 516-38-6670	5a. AGE-Last Birthday (Years): 62	5b. Under 1 Year: Months / Days	5c. Under 1 Day: Hours / Min.	6. BIRTHPLACE (City and State or Foreign Country): Montana	7. DATE OF BIRTH (Month, Day, Year): Mar 27, 1936

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

8a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; NURSING HOME ☐ Nursing Home; ☒ Residence (Home) ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 2082 6th Avenue West	8c. CITY, TOWN, OR LOCATION OF DEATH: Vale	8d. COUNTY OF DEATH: Malheur	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker	10b. KIND OF BUSINESS/INDUSTRY: Own Home	11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married	12. SPOUSE (If married, Widowed): Eugene C.
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Malheur	13c. CITY, TOWN OR LOCATION: Vale	13d. STREET AND NUMBER: 2082 6th Avenue West
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97918	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): 11; College (1-4 or 5+): -			
17. FATHER - NAME first middle last: John Lode	18. MOTHER - NAME first middle maiden: Montana Dora Suiste	19. INFORMANT - NAME and relationship to deceased: Eugene C. Johns	
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ____ ☐ Mausoleum	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cremation Society of Idaho	20c. LOCATION - City or Town, State: Boise, Idaho	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]	21b. OREGON LICENSE NO. (If Licensee): CO-3675	22. NAME, ADDRESS AND ZIP OF FACILITY: Cremation Society of Idaho 5541 Overland Rd. Boise, ID83705	
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PART I (a) Carcinoma 2 multiple metastasis

DUE TO, OR AS A CONSEQUENCE OF: (b)

DUE TO, OR AS A CONSEQUENCE OF: (c)

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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