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

288603 I.D. TAG NO.
183 Local File Number
136- State File Number
Vol M99 Page 2213

**DECEDENT**

1. DECEDENT'S NAME: First: Lucile; Middle: Elsie; Last: BERRY
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 20, 1999
4. SOCIAL SECURITY NUMBER: 541-44-6825
5a. AGE-Last Birthday (Years): 75
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Silver Lake, OR
7. DATE OF BIRTH (Month, Day, Year): November 9, 1923
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): 50 SE June Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH: Bandon
9d. COUNTY OF DEATH: Coos
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): Ernest Berry
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Coos
13c. CITY, TOWN OR LOCATION: Bandon
13d. STREET AND NUMBER: 50 SE June Avenue
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97411
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): 12; College (1-4 or 5+):

**PARENTS**

17. FATHER - NAME first middle last: Emil Joseph Egli
18. MOTHER - NAME first middle maiden: Verna E. Prader
19. INFORMANT - NAME and relationship to deceased: Ernest L. Berry - Spouse

**DISPOSITION**

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Lower Umpqua Crematory
20c. LOCATION - City or Town, State: Reedsport, Oregon

**REGISTRAR**

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH:
21b. OREGON LICENSE NO. (Of Licensee): 3619
22. NAME, ADDRESS AND ZIP OF FACILITY: Amling/Schroader Funeral Service P.O. Box 363 Bandon, Oregon 97411
23. DATE FILED (Month, Day, Year): MARCH 24, 1999
24. REGISTRAR'S SIGNATURE: Linda Clayton
RESERVED FOR REGISTRAR'S USE

**CERTIFIER**

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 9:30 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)
30. DATE SIGNED (Month, Day, Year): 3/22/99

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): Carl J. Moehring, M.D., 780 2nd Street SE Suite 7 Bandon, Oregon 97411
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

**CAUSE OF DEATH**

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) CA Bladder (Urinary) = multiple mets — Interval between onset and death: YRS.
DUE TO, OR AS A CONSEQUENCE OF:
(b) — 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.
mets to spine, brain, liver, lungs
HBP, Thyroid, ASVD
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
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)
RESERVED FOR REGISTRAR'S USE

OTHER DEATH CONDITIONS OR INJURIES ON REVERSE SIDE (IF GREEN NO COPY)

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev 11 98

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

DATE ISSUED: MAR 24 1999

Patricia J. L. Orme
PATRICIA J. L. ORME
COUNTY REGISTRAR
COOS COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

22134

State of Oregon, County of Klamath
Recorded 6/04/99, at 12 00 p.m.
In Vol. M99 Page 22133
Linda Smith, County Clerk
Fee $ 15 -

Linda Smith

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