

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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ATT-23

TYPE OR
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BLACK INK

193540 I.D. TAG NO.
000456 Local File Number

MTC, 47899
OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 138-
CERTIFICATE OF DEATH

96-003725 State File Number

1. DECEDENT'S First Middle Last NAME EVELYN GRACE DAVIS			2. SEX F	3. DATE OF DEATH (Month, Day, Year) February 21, 1996	
4. SOCIAL SECURITY NUMBER 540-20-1238	5a. AGE-Last Birthday (Years) 81	5b. Under 1 Year Mo: Days	5c. Under 1 Day Hours: Mins.	6. BIRTHPLACE (City and State of Foreign Country) Fall Creek OR	7. DATE OF BIRTH (Month, Day, Year) January 24, 1915
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9a. FACILITY NAME (If not institution, give street and number) Creswell Care Center					
9b. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)					
9c. CITY, TOWN, OR LOCATION OF DEATH Creswell, Oregon			9d. COUNTY OF DEATH Lane		
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Dry Chain		10b. KIND OF BUSINESS/INDUSTRY Plywood Mill		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Walter W. Davis					
13a. RESIDENCE - STATE Oregon	13b. COUNTY Lane	13c. CITY, TOWN OR LOCATION Creswell		13d. STREET AND NUMBER 82274 River Dr.	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15. RACE American, Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 9-12 College (1-4 or 5+) 12			
17. FATHER - NAME first middle last Roy Humphrey		18. MOTHER - NAME first middle maiden Tracy Warner		19. INFORMANT - NAME and relationship to decedent Walter W. Davis-Husband	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Chapel Of Memories Crematory		20c. LOCATION - City or Town, State Eugene, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Andrea Inkney Proest		21b. LICENSE NUMBER (Of Licensee) 3510	22. NAME, ADDRESS AND ZIP OF FACILITY Chapel Of Memories Funeral Home 3475 W. 11th Ave., Eugene, OR 97402		
23. DATE FILED (Month, Day, Year) February 23 1996		24. REGISTRANT'S SIGNATURE Victoria Roy Nease			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR NATURAL CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA			

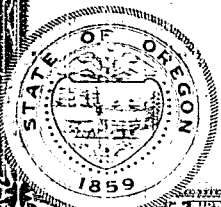
I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED:

MAY 18 1999

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

EDWARD J. JOHNSON II
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

22495

State of Oregon, County of Klamath
Recorded 6/08/99, at 11:27 a.m.
In Vol. M99 Page 22494
Linda Smith, County Clerk
Fee \$ 15 *KL*

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