CERTIFICATION OF VITAL RECORD

H-06326
I.D. TAG NO.
000068
Local File Number

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

256528

Vol M99 Page

State File Number

1999 JUN 28 PM 3:05

DECEDENT

1. DECEDENT'S NAME: First: Wesley; Middle: Robert; Last: TOEVS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): January 11, 1998
4. SOCIAL SECURITY NUMBER: 544-34-2835
5a. AGE-Last Birthday (Years): 63
5b. If Under 1 Year: Mos. / Days
5c. If Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Polk County, OR
7. DATE OF BIRTH (Month, Day, Year): November 15, 1934
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): 33752 Row River Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Cottage Grove
9d. COUNTY OF DEATH: Lane
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Clipperman
10b. KIND OF BUSINESS/INDUSTRY: Plywood
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Carol Toevs
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Lane
13c. CITY, TOWN OR LOCATION: Cottage Grove
13d. STREET AND NUMBER: 33752 Row River Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97424
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: Robert Henry Toevs
18. MOTHER - NAME first middle maiden: Elizabeth Wilhelmina Linscheid
19. INFORMANT - NAME and relationship to deceased: Carol Toevs, wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Mausoleum ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Smith-Lund-Mills Crematorium
20c. LOCATION - City or Town, State: Cottage Grove, Oregon

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. OREGON LICENSE NO (Of Licensee): 3241
22. NAME, ADDRESS AND ZIP OF FACILITY: Smith-Lund-Mills Funeral Chapel, 123 S. 7th, Cottage Grove, OR 97424
23. DATE FILED (Month, Day, Year): JAN 14 1998
24. REGISTRAR'S SIGNATURE: Victoria Kay Nease

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0502 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): [signature] MD
30. DATE SIGNED (Month, Day, Year): 1-12-98

TO BE COMPLETED BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year):
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): Kerry K. O'Fallon, M.D., 1345 Birch, Cottage Grove, OR 97424
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. PART I
(a) Carcinoma of the lung with Metastasis — 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) — 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.
BSCVD Bowel Valve replace? Diabetes

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)

RESERVED FOR REGISTRAR'S USE

15.

THIS IS A TRUE AND EXACT REPRODUCTION OF THE VITAL STATISTICS COPY REGISTERED AT THE OFFICE OF THE LANE COUNTY REGISTRAR.

DATE ISSUED: JAN 14 1998

Ada M. Noble
ADA M. NOBLE
COUNTY REGISTRAR
LANE COUNTY, OREGON

STATE OF OREGON 1859

HEALTH AND HUMAN SERVICES LANE COUNTY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

C-99

25653

Return TO:
CAROL TOEVS
23752 Row River Rd
Cottage Grove, OR 97424

State of Oregon, County of Klamath
Recorded 6/28/99, at 3:05 p. m.
In Vol. M99 Page 25652
Linda Smith,
County Clerk Fee$ 15 K'R

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