OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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1999 JUL 12 AM 9:57

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

273795 ID TAG NO. | 267 Local File Number | 136- 99-012107 State File Number

1. DECEDENT'S NAME: First: George | Middle: | Last: GARDINER
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 22, 1999
4. SOCIAL SECURITY NUMBER: 558-10-3913
5a. AGE-Last Birthday (Years): 83
5b. Under 1 Year: Mos. | Days
5c. Under 1 Day: Hours | Mins.
6. BIRTHPLACE (City and State or Foreign Country): Spokane, WA
7. DATE OF BIRTH (Month, Day, Year): Oct 8, 1915
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): Chehalem Care Center 1900 Fulton
9c. CITY, TOWN, OR LOCATION OF DEATH: Newberg
9d. COUNTY OF DEATH: Yamhill
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Safety Representative
10b. KIND OF BUSINESS/INDUSTRY: Yamhill County
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12. SPOUSE (If Married, Widowed):
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Yamhill
13c. CITY, TOWN OR LOCATION: Dundee
13d. STREET AND NUMBER: 1609 SW 9th St
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 97132
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 yrs | College (1-4 or 5+):
17. FATHER - NAME first middle last: George Gardiner
18. MOTHER - NAME first middle maiden: Elizabeth Jennings
19. INFORMANT - NAME and relationship to deceased: Gary Gardiner - son
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oregon Crematory
20c. LOCATION - City or Town, State: Portland, OR
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Leonard J Attrell
21b. OREGON LICENSE NO (Of Licensee): 3018
22. NAME, ADDRESS AND ZIP OF FACILITY: Attrell's Newberg Funeral Chapel 207 Villa Rd, Newberg, OR 97132
23. DATE FILED (Month, Day, Year): June 09, 1999
24. REGISTRAR'S SIGNATURE: Edward J Johnson II
RESERVED FOR REGISTRAR'S USE: Item 11, corrected by Funeral Home Affidavit, 6-23-99 #Z14194, E. Johnson II, State Reg., klc

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 6:30 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): 6-1-99

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): Patrick Fitzgerald, MD; 2701 NW Vaughn; Ste. 140; Portland, OR 97210
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) Dementia Due To Multiple Cerebral Infarctions — Interval between onset and death: 3 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(b) Hypertension — 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: Septic Trochanteric Bursitis - Right
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

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev 11/98

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.

Ref: Hunter O.C

DATE ISSUED: JUN 23 1999

EDWARD J. JOHNSON II
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

27683

State of Oregon, County of Klamath
Recorded 7/12/99, at 9:57 a.m.
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Linda Smith,
County Clerk Fee$ 15 KR

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