

CERTIFICATION OF VITAL RECORD

291273

I.D. TAG NO.

773

Local File Number

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

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State File Number

1. DECEDENT'S NAME Elizabeth Mae JONES				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) October 26, 1999	
4. SOCIAL SECURITY NUMBER 544-48-7211		5a. AGE-Last Birthday (Years) 55		5b. Under 1 Year Mos. <input type="checkbox"/> Days <input type="checkbox"/>		5c. Under 1 Day Hours <input type="checkbox"/> Mins. <input type="checkbox"/>	
6. BIRTHPLACE (City and State or Foreign Country) Portland, OR				7. DATE OF BIRTH (Month, Day, Year) September 17, 1944			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) St. Charles Medical Center				9c. CITY, TOWN, OR LOCATION OF DEATH Bend		9d. COUNTY OF DEATH Deschutes	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Supervisor				10b. KIND OF BUSINESS/INDUSTRY Automotive		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Robert Jones							
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Lapine		13d. STREET AND NUMBER 144927 Ringo Court	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97739		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12				17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			
17. FATHER - NAME first middle last Roy Lee Hadley				18. MOTHER - NAME first middle maiden Annas I Traister		19. INFORMANT - NAME and relationship to deceased Robert Jones-Husband	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" 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) Oregon Crematory		20c. LOCATION - City or Town, State Portland, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Donald J. Roberts</i>				21b. OREGON LICENSE NO. (Of Licensee) 0417		22. NAME, ADDRESS AND ZIP OF FACILITY. Holman-Hankins-Bowker & Waud 715 7th St., Oregon City, OR 97045	
23. DATE FILED (Month, Day, Year) November 2, 1999				24. REGISTRAR'S SIGNATURE <i>Wendy W. Peddycord</i>			
RESERVED FOR REGISTRAR'S USE							
TO BE COMPLETED BY CERTIFYING PHYSICIAN							
27. TIME OF DEATH 6:00 P.M.				28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <i>Matthew J. Hegewald</i>				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) <i>Matthew J. Hegewald</i>			
30. DATE SIGNED (Month, Day, Year) 11/1/99				33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Matthew J. Hegewald, 1501 NE Medical Center Dr. Bend OR 97701							
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.							
(a) Pneumonia						Interval between onset and death 4 days	
(b) Breast Cancer						Interval between onset and death 3 years	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.						Interval between onset and death	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. 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							

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN COPY

ORIGINAL-VITAL STATISTICS COPY
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE DESCHUTES COUNTY REGISTRAR.

DATE ISSUED: **Nov 2, 1999**

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

Daniel W. Peddycord
DANIEL W. PEDDYCORD
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON



Ret: Francis & Martin, LLP

12051

State of Oregon, County of Klamath
Recorded 04/13/00, at 11:36 a. m.
In Vol. M00 Page 12051
Linda Smith,
County Clerk Fee \$ 26⁰⁰

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