

Fee: \$87.00

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STATE OF OREGON

CERTIFICATION OF VITAL RECORD

943175

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. Legal Name First: George Middle: Earl Last: Buss Suffix:		2. Death Date June 02, 2021	
3. Sex Male	4. Age 87 years	5. Social Security Number	
6. County of Death Klamath	7. Birthdate January 11, 1934		
8. Birthplace Drumright, Oklahoma		9. Decedent's Education Some college	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	
12. Was Decedent Ever in U.S. Armed Forces? No		13. Residence: Number and Street 1713 Stetson Court	
14. City/Town La Pine		15. Residence County Klamath	
16. State or Foreign Country Oregon		17. Zip Code + 4 97739	
18. Inside City Limits? No		19. Marital Status at Time of Death Married	
20. Spouse's Name Prior to First Marriage Marion K Hendrick		21. Usual Occupation Electrician	
22. Kind of Business/Industry Bart Public Transport		23. Father's Name Everett Robert Buss	
24. Mother's Name Prior to First Marriage Velva Irene Alsbury		25. Informant's Name Marion K Buss	
26. Telephone Number Not Available		27. Relationship to Decedent Spouse	
28. Mailing Address 1713 Stetson Court, La Pine, OR 97739		29. Place of Death Decedent's Residence	
30. Facility Name		31. Location of Death 1713 Stetson Court	
32. City/Town or Location of Death La Pine		33. State Oregon	
34. Zip Code + 4 97739		35. Method of Disposition Cremation	
36. Place of Disposition Central Oregon Cremation Center		37. Location La Pine, Oregon	
38. Name and Complete Address of Funeral Facility Baird Memorial Chapel		39. Date of Disposition TBD	
40. Funeral Director's Signature Bradley D Byrholdt		41. OR License Number CO-3664	
42. Registrar's Signature Cindy Rodgers		43. Date Received 6-21-21	
44. Local File Number 21-075		45. Amendment	

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 2:20 AM	
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.							
Final disease or condition resulting in death ->		IMMEDIATE CAUSE ↓				Approximate Interval: Onset to Death	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		a. Hypoxemic respiratory failure and heart failure				weeks	
		b. Pulmonary embolism				months	
		c.					
		d.					
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Pulmonary hypertension, dementia, iron deficiency anemia							
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)							
60. Describe how injury occurred						61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Sarah Serrano 2100 NE Jeff Rd, Bend, OR 97701							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier Doctor of Medicine				65. License Number MD168191		66. Date Signed (MM/DD/YYYY) 6/18/21	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
69. Amendment							

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

JUN 21 2021

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE