CERTIFICATION OF VITAL RECORD

114501

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

BOOK 130 PAGE 923

87 020013

B-7304
ID TAG NO.

06005
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

CERTIFICATE OF DEATH

State File Number

Field	Entry
1. Deceased — Name (First, Middle, Last)	Constance Kay KLUGE
2. Date of Death (month, day, year)	October 30, 1987
3. Race	White
4. Sex	Female
5a. Age — Last birthday (years)	72
6. Date of Birth (month, day, year)	September 12, 1915
7a. City, Town or Location of Death	Gresham
7b. Hospital or Other Institution — Name	454 NW Division
7d. County of Death	Multnomah
8. State of Birth (if not in U.S.A. name country)	Canada
9. Citizen of What Country	USA
10. Married, Never Married, Widowed, Divorced	Divorced
11. Spouse	
12. Was Decedent Ever in U.S. Armed Forces?	No
13. Social Security Number	[redacted]
14a. Usual Occupation	Homemaker
14b. Kind of Business or Industry	Own Home
15a. Residence — State	Oregon
15b. County	Multnomah
15c. City, Town or Location	Gresham
15d. Street and Number or R.F.D.	454 NW Division
Zip	97030
15e. Inside City Limits	Yes
16. Father — Name	Roland S. Kay
17. Mother — Name (Maiden Name)	Isobell Jean Murray
18. Informant — Name and Relationship to Deceased	Self/prearranged
19a. Burial, Cremation, Removal, Other	Cremation
19b. Cemetery or Crematory — Name	Uniservice Crematory
19c. Location (City or Town, State)	Portland, Oregon
20a. Funeral Service Licensee or Person Acting as Such (Signature)	Marjorie C. Stafford
20b. Name and Address of Facility	Gresham Little Chapel of Chimes, 2010 NE Division, Gresham, Or 97030
21a. Certifier (Signature)	Thomas A. Lorence
21b. Date Signed	11/3/87
21c. Hour of Death	4:50 pm
21d. Name, Title and Address of Certifier	Thomas Lorence, M.D. 10180 SE Sunnyside Rd., Clackamas, Or. 97015
21e. Name of Attending Physician if Other Than Certifier	
Date Received by Registrar (Mo. Day, Year)	NOV 05 1987
22. Registrar (Signature)	William W. Bloom
23. Part I (a) Immediate Cause	Undifferentiated large cell carcinoma of lung
(b) Due to or as a consequence of	
(c) Due to or as a consequence of	
Part II Other significant conditions	Squamous cancer of pharynx
24. Autopsy	No
25. Was Medical Examiner Notified	Yes
26a. Accident, Suicide, Homicide	
26b. Date of Injury	
26c. Hour of Injury	
26d. Describe How Injury Occurred	
26e. Injury at Work	
26f. Place of Injury	
26g. Location	
Did Hospital Representative Make Request for Anatomical Gift Consent?	Yes ☐ No ☐ NA ☐
Was Gift Made?	Yes ☐ No ☐ NA ☐

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BY SKAMANIA CO. TITLE
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P. Lowry
AUDITOR
GARY H. OLSON

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45-3 Rev 6-86

Rec # 152555 date 9/22/92 ... Skamania Co. ...

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

DATE ISSUED SEP 18 1992

Edward J Johnson II
EDWARD J JOHNSON II,
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE