CERTIFICATION OF VITAL RECORD

114501

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

BOOK 130 PAGE 923

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

87 020013

B-7304 ID TAG NO.
06005 Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED — NAME (First) Constance	(Middle) Kay	(Last) KLUGE		2 DATE OF DEATH (month, day, year) October 30,1987	
3 RACE (White, Black, American Indian, etc) (Specify) White	4 SEX Female	5a AGE — Last birthday (years) 72	5b Under 1 year (months / days)	5c Under 1 day (hours / min)	6 DATE OF BIRTH (month, day, year) September 12, 1915
7a CITY, TOWN OR LOCATION OF DEATH Gresham	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not an institution, give street and number) 454 NW Division	7c IF HOSP OR INST: Indicate DOA, OP/Emer Rm, Inpatient (Specify)	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 (Specify) Divorced	11 SPOUSE (IF MARRIED, WIDOWED)	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) No	
13 SOCIAL SECURITY NUMBER 266-22-9666	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemeker 0:49:01	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 (Specify yes or no) Yes
16 FATHER — NAME (first, middle, last) Roland S. Kay	17 MOTHER — NAME (first, middle, last) (Maiden Name) Isobell Jean Murray	18 INFORMANT — NAME and relationship to deceased Self/prearranged			
19a BURIAL, CREMATION, REMOVAL, MAUSL (Specify) Cremation	19b CEMETERY OR CREMATORY — NAME Uniservice Crematory	19c LOCATION (city or town, state) Portland, Oregon			
20a FUNERAL SERVICE LICENSEE OR PERSON ACTING THEREWITH (Signature) Marjorie Stutz	20b NAME AND ADDRESS OF FACILITY Gresham Little Chapel of Chimes	2010 NE Division Gresham, Or 97030			
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature) Thomas A Lorence	21b DATE SIGNED (Mo, Day, Year) 11/3/87	21c HOUR OF DEATH 4:50 PM			
To be Completed by CERTIFYING PHYSICIAN Only	21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Thomas Lorence, M.D. 10180 SE Sunnyside Rd., Clackamas, Or.	ZIP 97015			
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
21e					
22a DATE RECEIVED BY REGISTRAR (Mo, Day, Year) NOV 05 1987	22b REGISTRAR (Signature)				

PART I

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) — Interval between onset and death

(a) Undetermined large cell cancer of lung

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)

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I(a)

Squamous Cell Ca. of Pharynx

24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No	Yes

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo, Day, Year)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY (e.g. Home, farm, street, factory, office building, etc. Specify)	26g LOCATION	STREET OR R.F.D. NO. / CITY OR TOWN / STATE

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N A ☐

WAS GIFT MADE? YES ☐ NO ☐ N A ☐

RESERVED FOR REGISTRAR'S USE

SEP 22 11 46 AM '92

Registered
Indexed, Dir
Indirect
Filmed
Mailed

ORIGINAL - VITAL STATISTICS COPY

P. Lowry
DEPUTY
GARY H. OLSON

45-2 Rev 8-86

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.

SEP 18 1992

DATE ISSUED

Edward J. Johnson II

EDWARD J. JOHNSON II,
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE