138621

BOOK 200 PAGE 896

FILED ... RECORDS
SK... COUNTY, OREGON
BY Teunis Wyers PC

JUL 10 3 14 PM '00
P Lowry
COUNTY CLERK
GARY P. OLSON

RETURN ADDRESS:

Teunis J. Wyers, P.C.
P.O. Box 417
Hood River, Oregon 97031

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Death Certificate
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Sherrieb, Caroline Jessie
2.
3.
4.

☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1.
2.
3.
4.

☐ Additional Names on Page _____ of Document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)

02-06-2640-2200/00

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

Requested ✓
Indexed ✓
Indirect
Filmed
Mailed

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 02-06-2640-2200

☐ Property Tax parcel ID is not yet assigned.
☐ Additional Parcel Numbers on Page _____ of Document.

DW

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

CERTIFICATION OF VITAL RECORD

BOOK 200 PAGE 897

TYPE OR PRINT IN PERMANENT BLACK INK

282993 I.D. TAG NO.

5 Local File Number

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

136- State File Number

1. DECEDENT'S NAME: First Caroline; Middle Jessie; Last SHERRIEB
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 7, 2000
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 75
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Battle Ground, WA
7. DATE OF BIRTH (Month, Day, Year): February 5, 1924
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): 2291 2nd St.
9b. CITY, TOWN, OR LOCATION OF DEATH: Baker City
9c. COUNTY OF DEATH: Baker
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Teacher
10b. KIND OF BUSINESS/INDUSTRY: Education
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12. SPOUSE (If Married, Widowed):
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Baker
13c. CITY, TOWN OR LOCATION: Baker City
13d. STREET AND NUMBER: 2291 2nd St.
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 97814
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; College (1-4 or 5+): 4
17. FATHER - NAME: First Clyde; Middle W.; Last Riddell
18. MOTHER - NAME: First Jessie; Middle Rogers; Last
19. INFORMANT - NAME and relationship to deceased: Melinda Sherrieb daughter
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION: (Name of cemetery, crematory, or other place): Haren-Wood Crematory
20c. LOCATION - City or Town, State: Ontario, OR
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Roger Cullen
21b. OREGON LICENSE NO. (If Licensee): 3474
22. NAME, ADDRESS AND ZIP OF FACILITY: Colen-Strommer Funeral Home 1950 Place St. Baker City, OR 97814
23. DATE FILED (Month, Day, Year): January 11, 2000
24. REGISTRAR'S SIGNATURE: Sandy Cross
RESERVED FOR REGISTRAR'S USE: Item 4, corrected by Funeral Home Affidavit, 2-11-00 #Z15808, E. Johnson II, State Reg., kls

TO BE COMPLETED BY CERTIFYING PHYSICIAN

26. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No
27. TIME OF DEATH:
28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
29. DATE SIGNED (Month, Day, Year):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: Found 8:08 a.m.
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 1-7-00 8:08
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) [illegible] MD Baker COUNTY
33. DATE SIGNED (Month, Day, Year): 1-10-00

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): George M. Burns MD 2195 Court St. Baker City, OR 97814
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 2-5 min
(b) CA Tonsillectomic bleeding DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 5 yrs
(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: COPD, chr. bronchitis

36. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined ☐ Legal Intervention
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
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
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)

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF ORIGINAL AND FIRM COPY

RESERVED FOR REGISTRAR'S USE: 4025

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE BAKER COUNTY REGISTRAR.

45-2-Rev 11/98

DATE ISSUED FEB 14 2000

Sandy Cross
SANDY CROSS
COUNTY REGISTRAR
BAKER COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE