138621

BOOK 200 PAGE 896

RETURN ADDRESS:

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

Teunis Wyers PC
Jul 10 3 [illegible] '00
PLowry

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:

_____
_____
_____

☐ 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.

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

130- State File Number

1. DECEDENT'S NAME: First: Caroline; Middle: Jessie; Last: SHERRIEB
2. SEX: Female
3. DATE OF DEATH: Found 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: February 5, 1924
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9. PLACE OF DEATH: ☐ HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME: 2291 2nd St.
9b. CITY, TOWN, OR LOCATION OF DEATH: Baker City
9c. COUNTY OF DEATH: Baker
10a. DECEDENT'S USUAL OCCUPATION: Teacher
10b. KIND OF BUSINESS/INDUSTRY: Education
11. MARITAL STATUS: Divorced
12. SPOUSE:
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?
13f. ZIP CODE: 97814
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 4
17. FATHER - NAME: Clyde W. Riddell
18. MOTHER - NAME: Jessie Rogers
19. INFORMANT - NAME: Melinda Sherrieb daughter
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION: Haren-Wood Crematory
20c. LOCATION - City or Town, State: Ontario, OR
21a. SIGNATURE OF LICENSED FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ryan [illegible]
21b. OREGON LICENSE NO.: 3474
21c. NAME, ADDRESS AND ZIP OF FACILITY: Coles-Strommer Funeral Home 1950 Place St. Baker City, OR 97814
22. DATE FILED: January 11, 2000
24. REGISTRAR'S SIGNATURE: Sandy Cross
RESERVED FOR REGISTRAR'S USE: Item 4, corrected by Funeral Home Affidavit, 2-11-00 #215808, E. Johnson II, State Reg., kic

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: Found 8:08 a.m.
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ 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)
30. DATE SIGNED: 1-10-00

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31. DATE PRONOUNCED DEAD: 1-7-00 8:08 a.m.
32. 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. (Signature) [illegible] MD
33. DATE SIGNED: 1-10-00
COUNTY: Baker

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): George M. Burns MD 2196 Court St. Baker City, OR 97814
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.
PART I
(a) Cardiac arrest — Interval between onset and death: 2-5 min
DUE TO, OR AS A CONSEQUENCE OF:
(b) arteriosclerotic heart disease — Interval between onset and death: 5 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: COPD, chr. bronchitis
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 ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention ☐ Other
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)
RESERVED FOR REGISTRAR'S USE: 4025

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY

ORIGINAL - VITAL STATISTICS COPY

45 2 Rev 11-98

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

DATE ISSUED FEB 14 2000

Sandy Cross

SANDY CROSS
COUNTY REGISTRAR
BAKER COUNTY, OREGON

STATE OF OREGON 1859

STATE OF OREGON HEALTH DEPARTMENT BAKER COUNTY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE