

CERTIFICATION OF VITAL RECORD

FOR
PRINT IN
PERMANENT
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317531
I.D. TAG NO.
01-30
Local File Number.

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

136- State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE

STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

15

16

17

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

1. DECEDENT'S NAME: Lewis Campbell ROBERTSON
 2. SEX: Male
 3. DATE OF DEATH: May 11, 2001
 4. SOCIAL SECURITY NUMBER: 9074
 5a. AGE Last Birthday: 86
 5b. Under 1 Year: Mos. Days Hours Mins.
 5c. Under 1 Day: Hours Mins.
 6. BIRTHPLACE: Klamath Falls OR
 7. DATE OF BIRTH: April 1, 1915
 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No Army
 9a. PLACE OF DEATH: HOSPITAL Inpatient ER/Outpatient DOA OTHER Nursing Home Decedent's Home Other (Specify)
 9b. FACILITY NAME: Lake District Long Term Care Facility
 9c. CITY, TOWN, OR LOCATION OF DEATH: Lakeview
 9d. COUNTY OF DEATH: Lake
 10a. DECEDENT'S USUAL OCCUPATION: Physician
 10b. KIND OF BUSINESS/INDUSTRY: Health Care
 11. MARITAL STATUS: Married
 12. SPOUSE: Lila Robertson
 13a. RESIDENCE - STATE: Oregon
 13b. COUNTY: Lake
 13c. CITY, TOWN OR LOCATION: Lakeview
 13d. STREET AND NUMBER: 744 South 5th Street
 13e. INSIDE CITY LIMITS? Yes No
 13f. ZIP CODE: 97630
 14. WAS DECEDENT OF HISPANIC ORIGIN? No Yes
 15. RACE: White
 16. DECEDENT'S EDUCATION: 5+
 17. FATHER - NAME: Louis Raymond Robertson
 18. MOTHER - NAME: Juno Campbell
 19. INFORMANT - NAME and relationship to deceased: Lila Robertson, Wife
 20a. METHOD OF DISPOSITION: Burial Cremation Removal from State
 20b. PLACE OF DISPOSITION: Pyramid Cremations Sunset Cemetery
 20c. LOCATION - City or Town, State: Klamath Falls, OR Lakeview, OR
 21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Daniel L. St. Clair
 21b. OREGON LICENSE NO.: 3636
 22. NAME, ADDRESS AND ZIP OF FACILITY: DESERT ROSE FUNERAL CHAPEL 1705 North 4th Street Lakeview, OR 97630
 23. DATE FILED: May 14, 2001
 24. REGISTRAR'S SIGNATURE: Kathy Elliott

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 3:30 p.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.
 30. DATE SIGNED: 5/11/01
 31. TIME OF DEATH: M
 31b. DATE PRONOUNCED DEAD: M
 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.
 33. DATE SIGNED: COUNTY
 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: Dr. Timothy A. Gallagher, M.D. 624 South J Street Lakeview, OR 97630
 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:

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) Dementia
 DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: 2 years
 (b) Parkinson's Disease
 DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: 10 years
 (c) OTHER SIGNIFICANT CONDITIONS -
 Conditions contributing to death but not resulting in the underlying cause given in PART I. Interval between onset and death:

37. Did tobacco use contribute to the death? No Yes Probably 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 Other
 Pending Investigation Undetermined Manner Legal Intervention
 41a. DATE OF INJURY: (Month, Day, Year)
 41b. TIME OF INJURY: M Yes No
 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)

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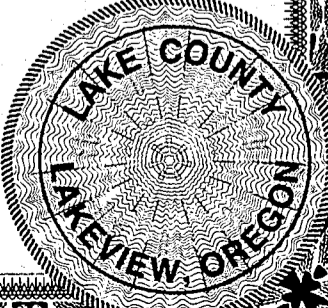
ORIGINAL-VITAL STATISTICS COPY

45-2-Rev (9/99)

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

DATE ISSUED: MAY 14 2001 0516200 BK 0601 PG 2591

Kathy Elliott
KATHIE ELLIOTT, R.N.
COUNTY REGISTRAR
LAKE COUNTY, OREGON



THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY

Doug Robertson

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2001 JUN 12 PM 2:45

LINDA SLATER
RECORDER

\$ 9.00 PAID Ph DEPUTY

0516200

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