

CERTIFICATION OF VITAL RECORD

TV-090071-C

50190
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

136-

CERTIFICATE OF DEATH

1. Legal Name (First, Middle, Last, Suffix) Randy Allen Holmes					STATE FILE NUMBER		
					2. Death Date (MON DO YYYY) October 29, 2008		
3. Sex (M/F) Male	4a. Age - Last Birthday 49	4b. Under 1 Year Months: _____ Days: _____	4c. Under 1 Day Hours: _____ Minutes: _____	5. Social Security Number 543-88-7481	6. County of Death Benton		
7. Birthdate (MON DO YYYY) Sept. 3, 1959		8a. Birthplace (City/Town, or County) Dallas		8b. (State or Foreign Country) Oregon		9. Decedent's Education High School graduate	
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) no			11. Decedent's Race(s) American Indian Grand Ronde		12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 6) 31714 Fern Road				14. City/Town Philomath			
15. Residence County Benton		16. State or Foreign Country Oregon		17. Zip Code + 4 97370		18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. Marital Status at Time of Death Married		20. Spouse's Name (if married or widowed, give name prior to first marriage.) Cheryl Marie Hardy					
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Truck Driver				22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Forestry			
23. Father's Name (First, Middle, Last, Suffix) Mervin J. Holmes			24. Mother's Name Prior to First Marriage (First, Middle, Last) Geneva Nadine Hubbard				
25. Informant's Name Cheryl Holmes		26. Telephone Number 541-929-5260		27. Relation to Decedent spouse		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 31714 Fern Road Philomath, Oregon 97370	
29. Place of Death Hospital inpatient		30. Facility Name Good Samaritan Regional Medical Center					
31. Location of Death (Give address.) 3600 NW Samaritan Drive			32. City/Town or Location of Death Corvallis		33. State Oregon		
35. Method of Disposition burial		36. Place of Disposition (Name of cemetery, crematory, or other place) Locke Cemetery		37. Location Corvallis, Oregon			
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) McHenry Funeral Home 206 NW 5th Street Corvallis, Oregon 97330							
39. Date of Disposition (MON DO YYYY) November 9, 2008		40. Funeral Director's Signature <i>New Lundgren</i>			41. OR License Number 3616		
42. Registrar's Signature <i>Nancy Anderson, Deputy</i>		43. Date Received (MON DO YYYY) November 5, 2008		44. Local File Number 522			
45. Record Amendment							

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		49. Time of Death 12:46 p.m.	
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.							
Final disease or condition resulting in death →		IMMEDIATE CAUSE ↓				Approximate Interval: Onset to Death	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		a. Brain aneurysm				hours	
		b. intracranial hemorrhage				hours	
		c. Hypertension				years	
		d.					
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: none							
52. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death			54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
55. Date of Injury (MON DO YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)							
60. Describe how injury occurred.							
						61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Mark C. Pohlman, M.D. 3680 NW Samaritan Drive 3-B Corvallis, Oregon 97330							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier M.D.			65. License Number MD 28217		66. Date Certified (MON DO YYYY) 11/5/08		
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>M Pohlman</i>				68. Medical Examiner - 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.			
69. Record Amendment							

ORIGINAL - VITAL RECORDS COPY

45-2 (01/06)

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

DATE ISSUED: **NOV 05 2008**

Nancy Anderson
Deputy Registrar
BENTON COUNTY, OREGON

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

