CERTIFIED COPY

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

9799 M66 9968

STATE OF OREGON

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH :: PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 330

STATE FILE NO.

DATE RECEIVED MAY 27 1966

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED.

1. NAME OF DECEASED (Type or print all entries in black ink) — First: CHESTER — Middle: WILLARD — Last: NEWTON

2. PLACE OF DEATH
A. COUNTY: Clackamas
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Oregon City
C. LENGTH OF STAY IN 2): 10 years
D. NAME OF HOSPITAL OR INSTITUTION: Oregon City Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Clackamas
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Oregon City
D. STREET ADDRESS, RURAL ROUTE, ETC.: 166 McCarver Dr

4. DATE OF DEATH (Month, Day, Year): May 11,1966
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 544-18-9307
9. USUAL OCCUPATION (Kind of work done during most of life): Teacher
10. KIND OF BUSINESS OR INDUSTRY: Jr HI School
11. NAME OF SPOUSE: Lelia
12. DATE OF BIRTH (Month, Day, Year): Sept 18,1903
13. AGE LAST BIRTHDAY: 62 Yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Canby,Oregon
15. WAS DECEASED A CITIZEN OF: ☒ U. S. ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: None
17. NAME OF FATHER: Willard Newton
18. MAIDEN NAME OF MOTHER: Lizzie May Miller
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Lelia Newton wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Crushed Chest
DUE TO (B): Massive Fracture Right Lateral Skull
DUE TO (C): Internal Injuries
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

21. AUTOPSY? AUTHORIZED BY: Yes ☒ No ☐

22. IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MOS.? yes ☐ no ☐ unknown ☐
23. EXTERNAL CAUSE OF DEATH WAS: Primary ☐ or Contributing ☐
24. DESCRIBE HOW INJURY OCCURRED. (enter nature of injury in Part I or Part II): One-car accident. Struck side of underpass.
25. TIME OF INJURY (mo) (day) (year): 5:40 A.M. P.M. 5/11/66
26. INJURY OCCURRED: while at work ☐ not while at work ☒
27A. PLACE OF INJURY (home, farm, factory, street, etc.): Highway 99-E
27B. (city or town) Oregon City, (county) Clackamas, (state) Ore.
3-6

28. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about 5:40 (AM) (PM) from:
Natural Causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐
ACTUAL SIGNATURE ▷ Hollister M. Stotts MD — MEDICAL INVESTIGATOR FOR Clackamas County (City or County)

29. Burial ☒ Removal ☐ Cremation ☐ Other ☐ — 30. DATE: 5/14/66
31. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory): Mt View Cemetery, (city or county) Oregon City, Ore
32. ▷ (signature of funeral director or person acting as such): F. H. Conrad 232
NAME OF FUNERAL HOME AND ADDRESS: Hillside Chapel 1306-7th St., Oregon City, Orego
33. ▷ (signature of registrar): Winfred Williams
DATE RECORD FILED: 5-17-66
8194

MEDICAL INVESTIGATOR: ...plete and sign ...eal certification ...s 20-28) ...ive to funeral ...tor as soon as ...ble after ...ry. ...: If ...ding" must ...dicated, ...y registrar ...al decision ...on as possible.

FUNERAL DIRECTOR: ...

REGISTRAR: ...

STATE OF OREGON)
County of Multnomah) ss

DATE ISSUED JUN 16 1966

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

By Direction of
RICHARD H. WILCOX, M.D.
State Health Officer

STATE REGISTRAR

VS-112 9/65

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at ... Mrs. Lelia Newton
this 12 day of October 1966 11:50 o'clock A M., and
duly recorded in Vol. M-66, ... Deeds ... 9968
... County Clerk

$1.50 pd.

By Dolores Sawyer