OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

21279

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CERTIFIED COPY OF DEATH RECORD

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND 97201
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 174

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Albert; Middle: Russell; Last: Pinney

2. PLACE OF DEATH
A. COUNTY: Deschutes
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Bend
C. LENGTH OF STAY IN 2B: 10 days
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Bachelor Butte Nursing Hm

3. USUAL RESIDENCE (If Institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Crescent
D. STREET ADDRESS, RURAL ROUTE, ETC.: Star Route

4. DATE OF DEATH: Month: March; Day: 25; Year: 1968
5. SEX: male
6. COLOR OR RACE: white
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 542 36 9637
9. USUAL OCCUPATION (Kind of work done during most of life): Grocer
10. KIND OF BUSINESS OR INDUSTRY: Food
11. NAME OF SPOUSE: H. Louise Pinney
12. DATE OF BIRTH: Month: July; Day: 24; Year: 1890
13. AGE LAST BIRTHDAY: 77 Yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Blencoe, Iowa
15. WAS DECEASED A CITIZEN OF: [XX] U. S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? WW 1
17. NAME OF FATHER: Wilbur Pinney
18. MAIDEN NAME OF MOTHER: Ella —
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Mrs. H. Louise Pinney, widow

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)

		Interval Between Onset and Death (Years, days, hours, etc.)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):	Pulmonary edema	24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B):	Cerebro Vascular accident	72 hours
DUE TO (C):	Arterio Sclerosis generalized Severe	Years

PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [X] No

23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR: [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City / County / State

26. TIME OF INJURY: Hour ..... a. m. ..... p. m. Month / Day / Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) (investigated the death of) the deceased from or on 1962 (date) to 3-25-68 (date) and that the death occurred at 6:45 p.m. from the causes and on the date stated above.
Signature: [signature] (Title) MD (Address) 600 Lemmon Bend Ore. 3/25/68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [ ] Buried [X] Cremated [ ] Removed [ ] Other
30B. DATE: March 29, 1968
30C. NAME OF CREMATORY OR CEMETERY: Portland Memorial
30D. LOCATION (City or Town) State: Portland, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 3-26-68
32. REGISTRAR'S SIGNATURE: [signature]
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Niswonger & Reynolds, Inc. Bend, Oregon

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. SO THAT IT MAY BE PROPERLY CLASSIFIED.

MARGIN RESERVED FOR BINDING

FORM VS-2

STATE OF OREGON

County of Deschutes

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the OREGON STATE BOARD of Health.

(SEAL)

A. Ben King, M.D.
Registrar Vital Statistics
By Olive L Schulz Deputy
Date March 26 1968

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, } ss
County of Klamath }

Filed for record at request of

~~Niswonger & Reynolds Inc.~~

on this 27 day of March A. D. 19 68
at 12:56 o'clock PM, and duly
recorded in Vol. M-68 of Deeds
Page 2391.

DOROTHY ROGERS, County Clerk
By [signature] Deputy

Fee 1.50

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