

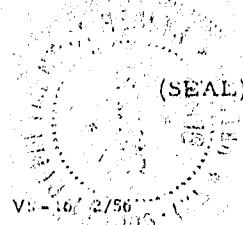
CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER <u>JY</u>		STATE OF OREGON BOARD OF HEALTH - PORTLAND 97231 PUBLIC HEALTH SERVICE		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) <u>Albert Russell Pinney</u>					
2. PLACE OF DEATH A. COUNTY <u>Deschutes</u>		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE <u>Oregon</u> B. COUNTY <u>Klamath</u>			
B. CITY, TOWN, OR LOCATION <u>Bend</u>		C. LENGTH OF STAY IN 28 DAY IN 28 DAY <u>10 days</u>		C. CITY, TOWN, OR LOCATION <u>Coquille</u>	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Bachelor Butte Nursing Hm</u>		D. STREET ADDRESS, RURAL ROUTE, ETC. <u>Star Route</u>			
4. DATE OF DEATH Month <u>March</u> Day <u>25</u> Year <u>1968</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARITAL STATUS ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married		11. NAME OF SPOUSE <u>H. Louise Pinney</u>			
8. SOCIAL SECURITY NO. <u>542 35 9637</u>		9. USUAL OCCUPATION (Kind of work done during most of life) <u>Grocer</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Food</u>	
12. DATE OF BIRTH Month <u>July</u> Day <u>24</u> Year <u>1890</u>		13. AGE LAST BIRTHDAY Yrs. <u>77</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	
14. BIRTHPLACE (State or Foreign Country) <u>Blencoe, Iowa</u>		15. WAS DECEASED A CITIZEN OF ☒ U.S. ☐ Foreign Country Name of Country <u> </u>		16. IF DECEASED WAS A VETERAN, WHAT WAR? <u>WW I</u>	
17. NAME OF FATHER <u>Wilbur Pinney</u>		18. MAIDEN NAME OF MOTHER <u>Ella</u>		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED <u>Mrs. H. Louise Pinney, widow</u>	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): <u>Pulmonary edema</u> 24 hr DUE TO (B): <u>Coronary vascular accident</u> 72 hours DUE TO (C): <u>Arterio sclerosis generalized Severe</u> years PART II: Other Significant Conditions contributing to death but not related to the immediate cause 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 ☒ No					
23. WAS DEATH RESULT OF ☐ Accident ☐ Suicide ☐ Homicide ☐ Other		24. IF ACCIDENT, DID INJURY OCCUR ☐ At Work ☐ Not At Work		25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)	
26. TIME OF INJURY Hour <u> </u> Min. <u> </u> Sec. <u> </u>		27. DESCRIBE HOW INJURY OCCURRED.			
28. CERTIFICATE: I certify that I (investigated the death of the deceased from <u>1962</u> to <u>3-25-68</u> and that the death occurred at <u>6:45 a.m.</u> from the cause and on the date stated above. <u>Mrs. H. Louise Pinney</u> (Signature) <u>Mrs. H. Louise Pinney</u> (Address) <u>600 Kemmerer Bend St.</u> (City) <u>Bend, Oregon</u> (State) <u>3/25/68</u> (Date signed)					
29. RESERVED FOR REGISTRAR'S USE					
30A. DECEASED WILL BE ☐ Buried ☒ Cremated ☐ Other		30B. DATE <u>March 29, 1968</u>		30C. NAME OF CREMATORY OR CEMETERY <u>Portland Memorial</u>	
31. DATE RECEIVED BY LOCAL REGISTRAR <u>3-26-68</u>		32. REGISTRAR'S SIGNATURE <u>Oliver L. Schulz</u>		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Niswonger & Reynolds, Inc. Bend, Oregon</u>	

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.



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

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. 1968
at 12:56 o'clock PM and duly
recorded in Vol. M-68 of Deeds
Page, 2391
DOROTHY ROGERS, County Clerk
By Deborah J. Rogers Deputy
Fee 1.50