23483

CERTIFIED COPY
OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL. M68 PAGE 5016

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER 72

STATE FILE NO. 68 004838

DATE RECEIVED APR 25 1968

1. NAME OF DECEASED (Type or print all entries in black ink): First Avon; Middle Burnett; Last Cummins

2. PLACE OF DEATH A. COUNTY Clatsop

B. CITY, TOWN, OR LOCATION Astoria

C. LENGTH OF STAY IN 2B 25 years

D. NAME OF HOSPITAL OR INSTITUTION Rt. 4 Box 701

3. USUAL RESIDENCE A. STATE Oregon B. COUNTY Clatsop

C. CITY, TOWN OR LOCATION Astoria

D. STREET ADDRESS, RURAL ROUTE, ETC. Rt. 4 Box 701

4. DATE OF DEATH April 20, 1968

5. SEX Male

6. COLOR OR RACE White

7. MARITAL STATUS ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO. 544-09-6480

9. USUAL OCCUPATION Building Contractor

10. KIND OF BUSINESS Construction

11. NAME OF SPOUSE Frances Cummins

12. DATE OF BIRTH August 9, 1894

13. AGE LAST BIRTHDAY 73 Yrs.

14. BIRTHPLACE California

15. WAS DECEASED A CITIZEN OF ☒ U.S. ☐ Foreign Country

16. IF DECEASED WAS A VETERAN, WHAT WAR? None

17. NAME OF FATHER Albert B. Cummins

18. MAIDEN NAME OF MOTHER Lillian --

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Frances Cummins, Wife

20. CAUSE OF DEATH PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Emphysema, chronic, pulmonary

DUE TO (B):

DUE TO (C):

PART II: Other Significant Conditions

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

24. IF ACCIDENT, DID INJURY OCCUR ☐ At Work ☐ Not at Work

25A. PLACE OF INJURY

25B. City County State

26. TIME OF INJURY

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) (investigated the death of) the deceased from or on 1-24-68 to 4-20-68 and that the death occurred at 9:50 P.M. from the causes and on the date stated above.

(Signature) James M. Lamasson MD — Astoria, Oregon — 4-22-68

29. RESERVED FOR REGISTRAR'S USE 492X

30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other

30B. DATE 4-24-68

30C. NAME OF CREMATORY OR CEMETERY Lincoln Memorial Park Cemetery

30D. LOCATION Portland, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR April 22, 1968 — REGISTRAR'S SIGNATURE Katherine C. Vaughan

32. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Hughes-Ransom Mortuary

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

VOID IF UNAUTHORIZED CHANGES ARE MADE ON COPY

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED JUN 4 1968

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.

Miriam R. Martin
STATE REGISTRAR

VS-112 Rev. 2-2-67

STATE OF OREGON, }
County of Klamath } ss
Filed for record at request of

on this 5 day of June A.D. 1968
at 4:04 o'clock P. m. and duly
recorded in Vol. M68 of Deeds
Page #5016
DOROTHY ROGERS, County Clerk
By [signature] Deputy

Fee 1.50

13