45545

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL. M 70 PAGE 9008

CERTIFIED COPY OF DEATH RECORD

STANDARD CERTIFICATE OF DEATH

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

Mr. Abbott

76-1532

1 Vault

OCT 7 3 15 PM 1970

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

LOCAL REGISTRAR'S NUMBER 85 — STATE FILE NO. 1 — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First PLEASANT; Middle JACOB; Last BUSH

2. PLACE OF DEATH
A. COUNTY: Lane
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Cottage Grove
C. LENGTH OF STAY IN 2B: 38 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Cottage Grove Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Lane
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Cottage Grove
D. STREET ADDRESS, RURAL ROUTE, ETC.: 909 Johnson Avenue

4. DATE OF DEATH: November 28, 1967
5. SEX: male
6. COLOR OR RACE: white
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 541-16-2833
9. USUAL OCCUPATION (Kind of work done during most of life): Contractor (self emp.)
10. KIND OF BUSINESS OR INDUSTRY: General Construction
11. NAME OF SPOUSE: Anna Bush
12. DATE OF BIRTH: December 9, 1895
13. AGE LAST BIRTHDAY: 71 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): ~~Kentucky~~ Oklahoma
15. WAS DECEASED A CITIZEN OF ☒ U. S. ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W.#1
17. NAME OF FATHER: Robert E. Bush
18. MAIDEN NAME OF MOTHER: Etta Eliza Winger
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Anna Bush/Wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Acute Myocardial infarction — Interval Between Onset and Death: 10 HRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:
DUE TO (B): Hypertensive Coronary Artery disease
DUE TO (C):
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Old Mesenteric Myocardial infarction 2 years ago

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, SIS 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) (~~DID NOT ATTEND~~) the deceased from Sept 1966 to November 28, 1967 and that death occurred at 3:20 a.m. from the causes and on the date stated above.
Joseph L Wood M.D. Cottage Grove, Oregon 11/28/1967
(Signature) (Title) (Address) (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Other
30B. DATE: Dec. 1,67
30C. NAME OF CREMATORY OR CEMETERY: Fir Grove Cemetery
30D. LOCATION (City or Town, State): Cottage Grove, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 11/30/67
32. REGISTRAR'S SIGNATURE: Nellie Bukowski
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Robert C. Mills Cottage Grove, Oregon

VS-16 2/56

STATE OF OREGON
County of Lane

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Oregon State Board of of Health.

(SEAL) VITAL STATISTICS DISTRICT NO. STATE OF OREGON

Harold D. Lyman M.D.
Registrar Vital Statistics

By Maxine Hackett Deputy

Date December 11, 1967

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Transamerica Title Insurance Co.
this 7th day of Oct. A. D., 1970 at 3:15 o'clock P M., and duly recorded in Vol. M70, of Deeds on Page 9008

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Fee $1.50

WM. D. MILNE, County Clerk
By Cynthia Lamfear