60693 CERTIFIED COPY OF DEATH RECORD

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STATE OF OREGON--STATE BOARD OF HEALTH
Vital Statistics Section

169 Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED--NAME: First: William Middle: Harry Last: Davis
2. RACE White, Negro, American Indian, etc. (specify): White
3. SEX: Male
4. AGE Last birthday (years): 72
5a. Under 1 year: months / days
5b. Under 1 day: hours / min.
6. DATE OF DEATH (month, day, year): 14 October 1971
7. DATE OF BIRTH (month, day, year): 2 September 1899
7a. COUNTY OF DEATH: Tillamook
7b. CITY, TOWN, OR LOCATION OF DEATH: Tillamook
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION--NAME (If not in either, give street and number): General Hospital
8. STATE OF BIRTH (If not in U.S.A., name country): Pennsylvania
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Sarah Cruskey Davis
12. SOCIAL SECURITY NUMBER: 705 05 5235 A
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Ret. Railroad Engineer
13b. KIND OF BUSINESS OR INDUSTRY: Baltimore & Ohio Rail Road
14a. RESIDENCE--STATE: Oregon
14b. COUNTY: Tillamook
14c. CITY, TOWN, OR LOCATION: Netarts
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: P.O. Box 90
15. FATHER--NAME first middle last: Joseph Davis
16. MOTHER--Maiden Name first middle last: Susan Oberhrim
17. INFORMANT NAME and relationship to deceased: Mrs. Sarah O. Davis - Wife

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Immediate cause (a): Cardiac Arrest — Minutes
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b): Acute Myocardial Infarction due to, or as a consequence of: — 5 Minutes
(c): Arteriosclerotic Heart Disease — YEARS

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Sustained in recovery Room after Cholecystectomy for Stone — AUTOPSY (yes or no): No — IF YES were findings considered in determining cause of death: 19b.

20a. ACCIDENT (specify yes or no)
20b. DATE OF INJURY (month, day, year)
20c. HOUR
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no)
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION--PHYSICIAN: I attended the deceased from: 10-12-71 to 10-14-1971 — And Last Saw Him/Her Alive on: 10-14-1971 — I Did/Did Not view the body after death (specify): DID — DEATH OCCURRED (hour): 11:00 a.m. — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN--SIGNATURE: Thomas J. Gianelli, M.D.
22b. NAME (type or print) degree or Title: T. Gianelli
22c. DATE SIGNED (month, day, year): 10-18-71
23. MAILING ADDRESS--PHYSICIAN street: 1015 Third Street — city or town: Tillamook, — state: Oregon — zip: 97141

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS (specify): Cremation
24b. CEMETERY OR CREMATORY--NAME: Riverview Abbey
24c. LOCATION city or town state: Portland, Oregon
24d. DATE (mo., day, year): 10-19-71
25a. FUNERAL DIRECTOR--SIGNATURE: O.E. Lundberg
25b. FUNERAL HOME--NAME AND ADDRESS (street, city or town, state, zip): Lundberg and Sons Tillamook, Oregon 97141
26a. REGISTRAR--SIGNATURE: Betty E. Massey
26b. DATE RECEIVED BY LOCAL REGISTRAR: Oct. 19, 1971
27. DATE RECEIVED BY STATE REGISTRAR
RESERVED FOR REGISTRAR'S USE
28.

VS-2 R-69

STATE OF OREGON
COUNTY OF TILLAMOOK

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)

VOID IF ALTERED

Betty E. Massey
Registrar of Vital Statistics

By

Date Oct. 19 1971

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of SARAH O. DAVIS

this 25th day of JANUARY A. D., 19 72 at 9:44 o'clock A.M., and duly recorded in Vol. M 72, of DEEDS on Page 867

Fee $2.00

WM. D. MILNE, County Clerk

By Hazel Drazil