

FEB 8 4 20 PM '72

S1063 STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section
CERTIFICATE OF DEATH

Vol 72 Page 1432

Local File Number

State File Number

DECEASED

Usual residence where deceased lived. If death occurred in a hospital, give name of hospital. If death occurred in a nursing home, give name of nursing home. If death occurred in a residence, give name of residence.

CAUSE

Condition, if any, which gave rise to immediate cause (a), due to, or as a consequence of, (b) (c)

1. *Heart Attack*
2. *due to atherosclerosis*
3. *due to atherosclerosis*19. *12-2:30 PM*

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