CERTIFIED COPY OF DEATH RECORD

73285

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. M73 Page 1628

111
Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME: First: John	Middle: Jacob	Last: Johnson	DATE OF DEATH (month, day, year): 2. Jan 19 1973
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 41	Under 1 year: 5b. mos. days; Under 1 day: 5c. hours min.
			6. DATE OF BIRTH (month, day, year): Jan 4 1932
7a. COUNTY OF DEATH: Marion	7b. CITY, TOWN, OR LOCATION OF DEATH: Salem	7c. Inside City Limits (specify yes or no): yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Salem Memorial Hopsital
8. STATE OF BIRTH (If not in U.S.A., name country): Washington	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Lela B
12. SOCIAL SECURITY NUMBER: 543-36-5458	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Spreaderman		13b. KIND OF BUSINESS OR INDUSTRY: Plywood mill
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Clackamas	14c. CITY, TOWN, OR LOCATION: Molalla	14d. Inside City Limits (specify yes or no): NO
			14e. STREET AND NUMBER OR R.F.D.: General Delivery
15. FATHER—NAME first middle last: Andrew J Johnson	16. MOTHER—Maiden Name first middle last: Violet Turner		17. INFORMANT—NAME and relationship to deceased: Lela B Johnson-wife

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	20 m
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b)	due to, or as a consequence of: Myocardial infarction Chronic	3 Yr
(c)	due to, or as a consequence of: Coronary artery	

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a).

				19a. AUTOPSY (yes or no): yes	19b. IF YES were findings considered in determining cause of death
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)			

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month 1-19 day 73 year	to: month 1-19 day 73 year	And Last Saw Him/Her Alive on: month 1-14 day 73 year	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour) 9:25 A.M.	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Donald Roberts	22b. NAME (type or print) DONNED A. ROBERTS M.D degree or title			22c. DATE SIGNED (month, day, year): 1/26/73	
23. MAILING ADDRESS—PHYSICIAN: 935 Winter St SE Suite 6	street	Salem city or town	OREGON state	97301 zip	

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	24b. CEMETERY OR CREMATORY—NAME: Wes Klawn Cemetery	24c. LOCATION city or town: Eugene state: Lane Oregon	24d. DATE (mo., day, year): Jan 22 1973
25a. FUNERAL DIRECTOR—SIGNATURE: Utter-Williams	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Lounsbury-Musgrove Mortuary, Inc. 1152 Olive Street, Eugene, Oregon		
26a. REGISTRAR—SIGNATURE: Maude Lyman	26b. DATE RECEIVED BY LOCAL REGISTRAR: Jan 31, 1973	27. DATE RECEIVED BY STATE REGISTRAR	

RESERVED FOR REGISTRAR'S USE

FEB 14 11 22 AM '73

STATE OF OREGON
COUNTY OF MARION

SEAL
VOID IF ALTERED

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT

JOHN T. HERRON, M.D., REGISTRAR OF VITAL STATISTICS

DATE Jan 31 1973

By Maude Lyman DEPUTY

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Mrs. L. Bernice Johnson

this 14th day of Feb., A. D., 19 73 at 11:22 o'clock A. M., and duly recorded in Vol. M-73, of Deeds on Page 1628

FEE $2.00

WM. D. MILNE, County Clerk

By Charleen K. Horstman - Deputy

L#0140162 TA-28

L#0140163 TA

L#0140157

WARRANTY DEED

This Indent

has bargain

DANIEL E. NR

FEB 14

STATE FILE NUMBER

DECEDENT PERSONAL DATA / 9

1A. NAME OF DECEASE: Emma
3. SEX: Female
4. CO
8. NAME AND BIRTH: John Johns
10. CITIZEN OF WHA: U.S.A.
14. LAST OCCUPATIO: Owner-Opera

PLACE OF DEATH

18A. PLACE OF DEAT: Hollywood
18b. CITY OR TOWN: Los Angel

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

19A USUAL RESIDEN: 622½ High
19c CITY OR TOWN: Klamath Fal

PHYSICIAN'S OR CORONER'S CERTIFICATION

21A CORONER: HOUR DATE AND PLACE STATED CAUSES STATED BELOW AND THE REMAINS OF DECEASED AS

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a SPECIFY BURIAL OR CREMATION: Entombmen
25. NAME OF FUNERA: Utter-McK

MEDICAL AND HEALTH DATA

9 CAUSE OF DEATH

29. PART I. DEATH
CONDITIONS. IF AN GAVE RISE TO TH ATE CAUSE (A) THE UNDERLYIN LAST.
30. PART II. OTHE

INJURY INFORMATION / 1

33. SPECIFY ACCID
37A. PLACE OF IN
40. DESCRIBE HOW

STATE REGISTRAR

A.

Dec 28

1

STATE OF
I HEREBY
IS A TRU
VITAL STA

William C. Wright
2311 Earl Ave
Long Beach, Ca
90806