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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

75-010308

Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME: First: Lynn	Middle: Helmer	Last: LEE				2. DATE OF DEATH (month, day, year): July 15, 1975	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 56	Under 1 year: 5b. mos. / days	Under 1 day: 5c. hours / min.		6. DATE OF BIRTH (month, day, year): July 26, 1918	
7a. COUNTY OF DEATH: Clackamas	7b. CITY, TOWN, OR LOCATION OF DEATH: Tualatin	7c. Inside City Limits (specify yes or no): yes				7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Meridian Park Hospital	
8. STATE OF BIRTH (If not in U.S.A., name country): North Dakota	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married				11. NAME OF SPOUSE: Edna G. Lee	
12. SOCIAL SECURITY NUMBER: 541-18-1350	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Carpenter--retired					13b. KIND OF BUSINESS OR INDUSTRY: Carpentry	
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Washington	14c. CITY, TOWN, OR LOCATION: Tigard	14d. Inside City Limits (specify yes or no): yes			14e. STREET AND NUMBER OR R.F.D.: 9690 S.W. Lewis Lane	
15. FATHER—NAME first middle last: Lyman - Lee	16. MOTHER—Maiden Name first middle last: Agnes - Knudson					17. INFORMANT—NAME and relationship to deceased: Edna G. Lee 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) Myocardial infarction — Immediate
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b)
due to, or as a consequence of:
(c)

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: YES

ACCIDENT (specify yes or no) 20a.	DATE OF INJURY (month, day, year) 20b.	HOUR 20c. M.	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.			
INJURY AT WORK (specify yes or no) 20e.	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f.	LOCATION (street or R.F.D. No., city or town, county, state) 20g.				
CERTIFICATION—PHYSICIAN: I attended the deceased from: month 7 day 14 year 74 to month 7 day 15 year 75	And Last Saw Him/Her Alive on: month 7 day 10 year 75	I Did/Did Not view the body after death (specify): Did NOT	DEATH OCCURRED (hour): 4:02 P.M.	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.		
21. PHYSICIAN—SIGNATURE: J. N. Tarro	NAME (type or print) 22b. J. N. Tarro	degree or Title: M.D.	DATE SIGNED (month, day, year) 22c. July 23, 1975			
MAILING ADDRESS—PHYSICIAN 23.	street: 630 Southwest B	city or town: Lake Oswego	state: Oregon	zip: 97034		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Willamette Natl. Cem.	LOCATION city or town 24c. Portland	state: Oregon	DATE (mo., day, year) 24d. July 21, 1975		
FUNERAL DIRECTOR—SIGNATURE 25a. Frank S. Aiken	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. Young's Funeral Home 11831 S.W. Pacific Hwy. Tigard, Ore.					
REGISTRAR—SIGNATURE 26a. Winnie Williams Deputy Registrar	DATE RECEIVED BY LOCAL REGISTRAR 26b. July 24, 1975	DATE RECEIVED BY STATE REGISTRAR 27. AUG 05 1975				
RESERVED FOR REGISTRAR'S USE 28.						

VS-2 R-69

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED September 3 1975

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 Health Division and in my official care and custody.

Return
Pope Realty
15 5 East Main
City

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Transamerica Title

this 10 day of Sept A. D., 19 75 at 10:50 o'clock A M., and duly recorded in Vol. M 75, of deeds on Page 10710

3.00

WM. D. MILNE, County Clerk

By Linda Bekar Deputy