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73-014745

CERTIFICATE OF DEATH

State Life Number

1. DECEASED NAME First Middle Last MARIAN Adolalde TRAINOR		2. DATE OF DEATH (month, day, year) September 24, 1973	
3. RACE (White, Negro, American Indian, etc. (specify)) White	4. SEX Female	5. AGE - last birthday (years) 58	6. DATE OF BIRTH (month, day, year) October 31, 1914
7a. COUNTY OF DEATH Marion	7b. CITY, TOWN, OR LOCATION OF DEATH Salem	8. HOSPITAL OR OTHER INSTITUTION - NAME (if not in other, give street and number) Oregon State Hospital	
9. STATE OF BIRTH (if not in U.S.A., name of country) Wisconsin	10. U.S.A. CITIZEN OF WHAT COUNTRY U. S. A.	11. NAME OF SPOUSE Charles W. Trainor	
12. SOCIAL SECURITY NUMBER 566-18-7226	13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife	14. KIND OF BUSINESS OR INDUSTRY homemaker	
15. RESIDENCE - STATE Oregon	16. COUNTY Klamath	17. CITY, TOWN, OR LOCATION Klamath Falls	18. STREET AND NUMBER OR RFD 1526 Pleasant Avenue
19. FATHER - NAME first middle last Victor A. DeRusha		20. MOTHER - Maiden Name first middle last Laura E. Unger	
21. INFORMANT - NAME and relationship to deceased Tom E. Winn-son		22. approximate interval between onset and death	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18. Immediate Cause (a) Arteriosclerotic heart disease due to, or as a consequence of:			
(b) _____ due to, or as a consequence of:			
(c) _____ due to, or as a consequence of:			
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)			
DATE OF INJURY (month, day, year) none		HOUR none	
HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)			
20a. INJURY AT WORK (specify yes or no)		20b. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	
20c. LOCATION (street or R.F.D. No., city or town, county, state)		20d. _____	
CERTIFICATION - MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:			
DEATH OCCURRED App. THE DECEDENT WAS PRONOUNCED DEAD		FROM: Natural Causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/>	
21a. 10:00 P.M. 21b. Sept. 25 1973 7:05A.M.		21c. Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/>	
22a. <i>Peter J. Batten</i> M.D.		22b. Peter J. Batten, M.D.	
23. MEDICAL INVESTIGATOR FOR: Marion COUNTY		DATE SIGNED (month, day, year) September 27, 1973	
24a. BURIAL, CREMATION, REMOVAL, MAUS. Burial		24b. CEMETERY OR CREMATORY - NAME Hawthorne Memorial	
24c. LOCATION city or town state Grants Pass Oregon		DATE (month, day, year) Sept. 28, 1973	
25a. FUNERAL DIRECTOR - SIGNATURE <i>V. T. Golden</i>		25b. FUNERAL HOME - NAME AND ADDRESS V. T. Golden Mortuary, Inc. 606 Commercial Street SE Salem, Oregon 97301	
26a. DATE RECEIVED BY LOCAL REGISTRAR Sept 27, 1973		26b. DATE RECEIVED BY STATE REGISTRAR OCT 8 1973	
27. _____			
28. _____			

VS-107 R-70

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON

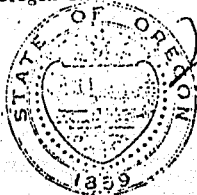
ss.

DATE ISSUED FEBRUARY 21, 1974

County of Multnomah

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.

Ref:
Bernice Trainor
5220. Gualon
Klam Falls, Ore.



STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of May A.D., 19 76 at 3:27 o'clock P.M., and duly recorded in Vol. M 76, of DEEDS on Page 6854.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By *Hayden Dragle* Deputy