LOCAL REGISTRAR'S NUMBER 2557

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH :: PORTLAND
PUBLIC HEALTH SERVICE

FILE NO. Vol. M-77 Page 2308

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

MARGIN RESERVED FOR BINDING

FORM V-S

977 FEB 8 PM 2 34

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Lovander; Middle: Hershall; Last: Allred

2. PLACE OF DEATH
A. COUNTY: Multnomah
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Portland
C. LENGTH OF STAY IN 2B: 25 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 1020 N. E. Faloma Rd.

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Multnomah
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Portland
D. STREET ADDRESS, RURAL ROUTE, ETC.: 1020 N. E. Faloma Rd.

4. DATE OF DEATH: June 18 1967
5. SEX: Male
6. COLOR OR RACE: white
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 541-14-3445
9. USUAL OCCUPATION (Kind of work done during most of life): Carpenter
10. KIND OF BUSINESS OR INDUSTRY: Forest Service
11. NAME OF SPOUSE: Mary Laist Allred
12. DATE OF BIRTH: December 1 1891
13. AGE LAST BIRTHDAY: 75 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Leota, Kansas
15. WAS DECEASED A CITIZEN OF: [X] U. S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR: WWI
17. NAME OF FATHER: Charles W. Allred
18. MAIDEN NAME OF MOTHER: Alice Rice
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Mary L. Allred wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Metastatic lung Carcinoma — Interval Between Onset and Death (Years, days, hours, etc.): 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B):
DUE TO (C):
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy Performed? [ ] Yes [X] No
23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR: [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City County State
26. TIME OF INJURY: Hour ..... a. m. ..... p. m. — Month Day Year
27. DESCRIBE HOW INJURY occurred.

29. CERTIFICATE: I Certify that I (attended) (investigated the death of) the deceased from or on 6-18-67 (date) to 6-21-67 (date) and that the death occurred at 11:10A from the causes and at the date stated above.
> G. Wheeler M.D. (Signature) — 5055 N Greeley Ave (Address) — 6/20/67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Received [ ] Other
30B. DATE: June 22, 1967
30C. NAME OF CREMATORY OR CEMETERY: Willamette Natl
30D. LOCATION (City or Town), State: Portland, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: JUN 20 1967
32. REGISTRAR'S SIGNATURE: > John H. Donnelly M.D.
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: > Ross Hollywood Chapel Portland, Oregon U.E. Ross

STATE OF OREGON }
COUNTY OF MULTNOMAH }

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health

Rev. Howard Leist
1001 W. Sprague St.
Edenburg, Texas

(Seal)

John H. Donnelly M.D.
Registrar of Vital Statistics
By Delda Higgins

Date JUN 26 1967

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 8th day of FEBRUARY A.D., 19 77 at 2;38 o'clock P M., and duly recorded in Vol M-77, of DEEDS on Page 2308.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Hazel Dragne Deputy