27316 '77 MAR 29 AM 10 25 Vol. M 77 Page 5189

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

331 Local File Number

# CERTIFICATE OF DEATH

'76-017226 State File Number

| | | | | | |
|---|---|---|---|---|---|
| 1. DECEASED—NAME: First WINFRED | Middle ELMER | Last PORTER | | 2. DATE OF DEATH (month, day, year): November 17, 1976 | |
| 3. RACE (White, Negro, American Indian, etc. (specify)): White | 4. SEX: Male | 5a. AGE—last birthday (years): 53 | Under 1 Year: 5b. mos. / days | Under 1 Day: 5c. hours / min. | 6. DATE OF BIRTH (month, day, year): February 1, 1923 |
| 7a. COUNTY OF DEATH: Deschutes | 7b. CITY, TOWN, OR LOCATION OF DEATH: Bend | 7c. Inside City Limits (specify yes or no): No | | 7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): St. Charles Medical Center | |
| 8. STATE OF BIRTH (if not in U.S.A. name of country): Arkansas | 9. CITIZEN OF WHAT COUNTRY: USA | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married | | 11. NAME OF SPOUSE: Pauline Nicholes Porter | |
| 12. SOCIAL SECURITY NUMBER: 431-24-4435 | 13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Timber Faller | | | 13b. KIND OF BUSINESS OR INDUSTRY: Gilchrist Timber Co. | |
| 14a. RESIDENCE—STATE: Oregon | 14b. COUNTY: Klamath | 14c. CITY, TOWN, OR LOCATION: Crescent | 14d. Inside City Limits (specify yes or no): No | 14e. STREET AND NUMBER OR RFD: Box 43 | |
| 15. FATHER—NAME first middle last: Harvey Porter | 16. MOTHER—Maiden Name first middle last: Alice Miller | | | 17. INFORMANT—NAME and relationship to deceased: Pauline Porter (Spouse) | |

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) Traumatic Crushing Chest Injuries & Multiple Fractures — 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): No | 19b. IF YES were findings considered in determining cause of death |
|---|---|

| 20a. DATE OF INJURY (month, day, year): 11-17-76 | 20b. HOUR: Approx. 11:00A.M. | 20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Hit by falling tree while working in woods as timber faller. |
|---|---|---|
| 20d. INJURY AT WORK (specify yes or no): Yes | 20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): Logging area of woods | 20f. LOCATION (street or R.F.D. No., city or town, county, state): Near Gilchrist, Oregon |

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:

| 21a. DEATH OCCURRED (hour): DOA 11:55 A.M. | 21b. THE DECEDENT WAS PRONOUNCED DEAD (month, day, year, hour): November 17, 1976 11:55A.M. | 21c. FROM: Natural Causes ☐ Homicide ☐ Accident ☒ Undetermined ☐ Suicide ☐ Pending ☐ |
|---|---|---|

22a. CERTIFIER—SIGNATURE: David S. Spence M.D.
22b. NAME—(type or print): David S. Spence, M.D. Degree or Title
23. MEDICAL INVESTIGATOR: FOR: Deschutes COUNTY
DATE SIGNED (month, day, year): November 17, 1976

| 24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial | 24b. CEMETERY OR CREMATORY—NAME: Pilot Butte Cemetery | 24c. LOCATION city or town state: Bend, Oregon | 24d. DATE (month, day, year): 11-20-76 |
|---|---|---|---|

25a. FUNERAL DIRECTOR—SIGNATURE: Eugene Tabor
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): TABOR FUNERAL HOME-714 N. W. Hill St. - Bend, Oregon 97701
26a. REGISTRAR—SIGNATURE: Maxine Johnson
26b. DATE RECEIVED BY LOCAL REGISTRAR: Novemver 19, 1976
27. DATE RECEIVED BY STATE REGISTRAR: NOV 29 1976
RESERVED FOR REGISTRAR'S USE 28.

DATE ISSUED: FEBRUARY 10 1977

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

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.

Rt. Pauline Porter
Box 43-
Crescent Ore

STATE REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 29th day of MARCH A.D., 1977 at 10:25 o'clock A M., and duly recorded in Vol M 77, of DEEDS on Page 5189.

FEE $ 3.00

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