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CERTIFIED COPY OF DEATH RECORD

Vol M78 Page 10995

48883

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

REEL 121 PAGE 060

1581
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: CLARENCE Middle: AMOS Last: POOLE
2. DATE OF DEATH (month, day, year): December 27, 1976
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 93 | 5b. Under 1 year: mos. days | 5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): September 15, 1883
7a. COUNTY OF DEATH: Marion
7b. CITY, TOWN, OR LOCATION OF DEATH: Salem
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 3100 Turner Rd. S.E.
8. STATE OF BIRTH (If not in U.S.A., name country): Ohio
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Mary A. Poole
12. SOCIAL SECURITY NUMBER: 540-28-7276
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Business man
13b. KIND OF BUSINESS OR INDUSTRY: Self employed
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Marion
14c. CITY, TOWN, OR LOCATION: Salem
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D: 3100 Turner Road S. E.
15. FATHER—NAME first middle last: William Poole
16. MOTHER—Maiden Name first middle last: Ella Engles
17. INFORMANT—NAME and relationship to deceased: Warren M. Poole, son

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

Approximate interval between onset and death

immediate cause
(a) acute coronary occlusion
due to, or as a consequence of:
(b) ASHD
due to, or as a consequence of:
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

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. ACCIDENT (specify yes or no):
20b. DATE OF INJURY (month, day, year):
20c. HOUR: M.
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)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 8-21-67 to 12-27-76
And Last Saw Him/Her Alive on: 10-22-76
I Did/Did Not view the body after death (specify): did NoT
DEATH OCCURRED (hour): 7:00 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Robert E. Danner md
22b. NAME (type or print) degree or Title: 655 Medical Center Dr NE
22c. DATE SIGNED (month, day, year): 12-28-76
23. MAILING ADDRESS—PHYSICIAN street, city or town, zip: Robert E. Danner, M.D. Salem Oregon 97301

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: City View Cemetery
24c. LOCATION city or town, state: Salem, Oregon
24d. DATE (mo., day, year): Dec. 31, 1976
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): V. T. Golden Mortuary, Inc. 605 Commercial St. S.E. Salem, Oregon 97301
26a. REGISTRAR—SIGNATURE: Grace Tomlin
26b. DATE RECEIVED BY LOCAL REGISTRAR: Dec. 30, 1976
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

Return
DeArmond, Sherman & Bryan
687 Court St NE
Salem, Or 97308

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 12-30-76

By Grace Tomlin DEPUTY

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 24th day of May A.D., 19 78 at 1:17 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 10995

FEE $3.00

WM. D. MILNE, County Clerk

By Dernetha G. Letsch Deputy

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