70266

1176
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. M 79 Page 16120

CERTIFICATE OF DEATH

'77 020363
State File Number

DECEASED—NAME First: Fred Middle: B. Last: Robinson

2. DATE OF DEATH (month, day, year): December 3, 1977

3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 85
Under 1 year: mos / days (5b)
Under 1 day: hours / min. (5c)

6. DATE OF BIRTH (month, day, year): October 24, 1892

7a. COUNTY OF DEATH: Washington
7b. CITY, TOWN, OR LOCATION OF DEATH: Portland
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): St. Vincents Hospital

8. STATE OF BIRTH (if not in U.S.A., name country): Indiana
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Freda Robinson

12. SOCIAL SECURITY NUMBER: 540-42-8608
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Salesman
13b. KIND OF BUSINESS OR INDUSTRY: Life Insurance

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Clackamas
14c. CITY, TOWN, OR LOCATION: Milwaukee
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R F D: 12705 S.E. River Road, #502-D

15. FATHER—NAME first, middle, last: John Robinson
16. MOTHER—Maiden Name first, middle, last: Ann Miller
17. INFORMANT—NAME and relationship to deceased: Freda Robinson-Wife

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

	Cause	Approximate interval between onset and death
(a) Immediate cause	Bilateral Acute Bronchopneumonia	Days
(b) due to, or as a consequence of	Aspiration of Ingested Food	Days
(c) due to, or as a consequence of	Old Cerebral Infarct	Years

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): Generalized Arteriosclerosis

19a. AUTOPSY (yes or no): YES
19b. IF YES were findings considered in determining cause of death: Yes

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)

21. CERTIFICATION—PHYSICIAN: I attended the deceased from 10/28/77 to 12/2/77
And Last Saw Him/Her Alive on 12/2/77
Did/Did Not view the body after death (specify):
DEATH OCCURRED (hour): 2:55 A. M at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: [signature]
22b. NAME (type or print): David Van Sickle, MD
22c. DATE SIGNED (month, day, year): 12/5/77

23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 3007 N.W. 13th St. Portland Oregon 97205

24a. BURIAL, CREMATION, REMOVAL, MAUS (specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Uniservice Crematory
24c. LOCATION city or town, state: Portland, Oregon
24d. DATE (mo. day, year): 12/6/77

25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Little Chapel of the Chimes, P.O.Box 11067, Portland, OR

26a. REGISTRAR—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: DEC 6 1977
27. DATE RECEIVED BY STATE REGISTRAR: DEC 21 1977

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED June 28 1979

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.

STATE REGISTRAR

Mervin C. Haun

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 9th day of July A.D., 19 79 at 2:12 o'clock P M., and duly recorded in Vol M79 of Deeds on Page 16120.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $3.00