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CERTIFIED COPY OF DEATH RECORD

'79 AUG 17 AM 10 26

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M 79 Page 19616

100.
Local File Number

CERTIFICATE OF DEATH

State File Number -

1 DECEASED—NAME (FIRST / MIDDLE / LAST): Everett K. Greenwood					2 DATE OF DEATH (MONTH, DAY, YEAR): August 5, 1978
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): White	4 SEX: Male	5A AGE—LAST BIRTHDAY (YEARS): 63	5B UNDER 1 YEAR: MOS. / DAYS	5C UNDER 1 DAY: HOURS / MIN.	6 DATE OF BIRTH (MONTH, DAY, YEAR): August 30, 1914
7A COUNTY OF DEATH: Tillamook	7B CITY, TOWN, OR LOCATION OF DEATH: Tillamook	7C HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): Tillamook Hospital			7D IF HOSP. OR INST., INDICATE DOA, OP/EMER, RM., INPATIENT (SPECIFY): DOA
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): California	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11 SPOUSE (IF MARRIED, WIDOWED): Vera		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): YES
13 SOCIAL SECURITY NUMBER: 555-10-2431	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Heavy Duty Operator		14B KIND OF BUSINESS OR INDUSTRY: Oil Industry		
15A RESIDENCE—STATE: Oregon	15B COUNTY: Tillamook	15C CITY, TOWN, OR LOCATION: Nehalem	15D STREET AND NUMBER OR R.F.D.: 16865 S. Point Dr.		15E INSIDE CITY LIMITS (SPECIFY YES OR NO): No
16 FATHER—NAME FIRST MIDDLE LAST: Walt Greenwood	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Grace Jackson		18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Vera Greenwood - Wife		
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation	19B CEMETERY OR CREMATORY—NAME: Riverview Abbey		19C LOCATION CITY OR TOWN STATE: Portland, Oregon		
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: Thomas A. Waud	20B NAME AND ADDRESS OF FACILITY: Waud's Funeral Home 1414 3rd St. Tillamook, Or. 9714				

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR): 2:10 p. M.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): 8-5-78 2:10 P M.	FROM: 21C NATURAL CAUSES ☑	ACCIDENT ☐	SUICIDE ☐	
		HOMICIDE ☐	UNDETERMINED ☐	PENDING ☐	
21D CERTIFIER — SIGNATURE: Glen Sayler MD		NAME—(TYPE OR PRINT): Glen Sayler		DEGREE OR TITLE: M.D.	
MEDICAL EXAMINER FOR: TILLAMOOK COUNTY		21E DATE SIGNED (MONTH, DAY, YEAR): 8-7-78			

22A DATE RECEIVED BY REGISTRAR (MO. DAY, YR.): 8-9-78	22B REGISTRAR (SIGNATURE): Marjorie Retzel

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a.), (b), AND (c).)

PART I
(a) Cardiac arrest — DUE TO, OR AS A CONSEQUENCE OF:
(b) Acute coronary occlusion — DUE TO, OR AS A CONSEQUENCE OF:
(c) Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (SPECIFY YES OR NO) 24: NO

25A DATE OF INJURY (MONTH, DAY, YEAR)	25B HOUR	25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)	
25D INJ. AT WORK (SPECIFY YES OR NO): NO	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	

RESERVED FOR REGISTRAR'S USE

Ret: Jena Greenwood
14900 - West Hwy, # 63
Lodi Calif - 95420

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

STATE OF OREGON
COUNTY OF TILLAMOOK

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Tillamook County Health Department.

(SEAL)

VOID IF ALTERED

Marjorie Retzel
Registrar of Vital Statistics
By
Date August 11, 1978

sh
3.50

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 17th day of AUGUST A.D., 1979 at 10:26 o'clock A M., and duly recorded in Vol M 79 of DEEDS on Page 19616.

FEE $ 3.50

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