82318 STATE OF OREGON MTC 8712

13 19696 HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES Vital Statistics Section VOL 315 PAGE 458

Local File Number

CERTIFICATE OF DEATH

Vol. M80 Page 5565

State File Number

1 DECEASED—NAME: FIRST NED; MIDDLE FRANCIS; LAST SMITH

2 DATE OF DEATH (MONTH, DAY, YEAR): March 26, 1979

3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): White

4 SEX: Male

5A AGE—LAST BIRTHDAY (YEARS): 74

5B UNDER 1 YEAR: MOS. / DAYS

5C UNDER 1 DAY: HOURS / MIN.

6 DATE OF BIRTH (MONTH, DAY, YEAR): April 21, 1904

7A COUNTY OF DEATH: Grant

7B CITY, TOWN, OR LOCATION OF DEATH: John Day

7C HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): Blue Mt. 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): Idaho

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

11 SPOUSE (IF MARRIED, WIDOWED): Katherine Smith

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): no

13 SOCIAL SECURITY NUMBER: 543-10-1412

14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Machinist

14B KIND OF BUSINESS OR INDUSTRY: Sheet Metal

15A RESIDENCE—STATE: Oregon

15B COUNTY: Grant

15C CITY, TOWN, OR LOCATION: John Day

15D STREET AND NUMBER OR R.F.D.: Box 152 Canyon City 97820

15E INSIDE CITY LIMITS (SPECIFY YES OR NO): yes

16 FATHER—NAME FIRST MIDDLE LAST: Charles S. Smith

17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Artie F. Williams

18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Katherine M. Smith (wife)

19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Burial

19B CEMETERY OR CREMATORY—NAME: Canyon City Cemetery

19C LOCATION CITY OR TOWN STATE: Canyon City Oregon

20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH — SIGNATURE: Wilbur C. Williams

20B NAME AND ADDRESS OF FACILITY: Driskill Memorial Chapel 241 So. Canyon Blvd. John Day, Ore. 97845

CERTIFICATION — MEDICAL EXAMINER

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

21A DEATH OCCURRED (HOUR): 5:40 P. M.

21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): March 26 1979 5:40 P. M.

21C FROM: NATURAL CAUSES [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]

21D CERTIFIER SIGNATURE: William O. Stahl

21E NAME—(TYPE OR PRINT): William O. Stahl M.D. DEGREE OR TITLE

21F MEDICAL EXAMINER FOR: Grant COUNTY

21G DATE SIGNED (MONTH, DAY, YEAR): 3.29.79

22A DATE RECEIVED BY REGISTRAR (MO. DAY, YR.): April 2, 1979

22B REGISTRAR (SIGNATURE): Patricia A. Johnston

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C).)

PART I
(a) Occlusive Coronary Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO, OR AS A CONSEQUENCE OF:
(b) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Years
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)

24 AUTOPSY (SPECIFY YES OR NO): 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

ORIGINAL-VITAL STATISTICS COPY VS-107 REV. 1-78

STATE OF OREGON)
COUNTY OF GRANT)

Date April 4 1979

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the GRANT COUNTY HEALTH DEPARTMENT

Return: First Western Title-Attn: Donna
1302 N.E 3rd St
Bend Oregon 97701

#1359-C

NOT VALID WITHOUT RAISED SEAL OF GRANT COUNTY HEALTH DEPARTMENT

Patricia A. Johnston
REGISTRAR OF VITAL STATISTICS

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 25th day of March A.D., 19 80 at 12:45 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 5565.

FEE $3.50

WM. D. MILNE, County Clerk
By Pamela Aletsch Deputy