

80-04154  
82585STATE OF OREGON  
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES  
Vital Statistics SectionVol 749 Page 6000  
749 PAGE 493

5624

## CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last Robert L Helliwell		DATE OF DEATH (month, day, year) 2 November 8, 1979	
1 RACE White, Black, American Indian, etc. (specify) white		SEX male	
4 AGE—Last birthday (years) 66		Under 1 year Under 1 day mos. days hours min.	
5a		5b 5c 5d	
COUNTY OF DEATH 7a Multnomah		CITY, TOWN OR LOCATION OF DEATH 7b Portland	
STATE OF BIRTH (if not in U.S.A., name country) Oregon		CITIZEN OF WHAT COUNTRY 9 U.S.A.	
MARRIED, A EVER MARRIED, WIDOWED, DIVORCED (specify) 10 married		SPOUSE (IF MARRIED, WIDOWED) 11 Lois Helliwell	
SOCIAL SECURITY NUMBER 13 542 03 9895		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Engineer	
RESIDENCE—STATE 15a Oregon		CITY, TOWN, OR LOCATION 15b Douglas	
CITY, TOWN, OR LOCATION 15c Roseburg		STREET AND NUMBER OR R.F.D., ZIP 15d 943 S.E. Main	
FATHER—NAME (first, middle, last) 16 Barton Helliwell		MOTHER—Maiden Name (first, middle, last) 17 Mabel Mahn	
BURIAL, CREMATION, REMOVAL, MAUS, (specify) 19a Cremation		CEMETERY OR CREMATORY—NAME 19b Uniservice Crematorium	
FUNERAL SERVICE LICENSEE or person Acting As Such (Signature) 20a <i>John B. Stanton</i>		NAME AND ADDRESS OF FACILITY 20b Long&Shukle Memorial Chapel P.O. Box 477 Roseburg, Ore 97470	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21a (Signature) <i>John Maxfield, M.D.</i>		DATE SIGNED (Mo., Day, Yr.) 21b Nov. 13, 1979	
CERTIFIER—NAME AND TITLE (Type or Print) 21d JOHN MAXFIELD M.D.		MAILING ADDRESS (Street, city or town, state, zip) 21c 3710 S.W. U.S. Veterans Hospital Road Portland, Oregon 97201	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a NOV 20 1979		REGISTRAR 22b [Signature]	
23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Sepsis (b) SEPSIS (c) INFECTION		Interval between onset and death 2 hrs Interval between onset and death 24 hrs Interval between onset and death UNKNOWN	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) II CANCER		AUTOPSY (Specify Yes or No) 24 no	
ACCIDENT (Specify Yes or No) 26a NO		DATE OF INJURY (Mo, Day, Yr.) 26b	
HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) 26e		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	
LOCATION 26g		STREET OR R.F.D. NO. CITY OR TOWN STATE	

RESERVED FOR REGISTRAR'S USE

GEDDES, WALTON, RICHMOND, NILSEN & SMITH  
P. O. BOX 1265

ROSEBURG, OREGON 97470

VS-2 Rev-8-78 P-65412

STATE OF OREGON

COUNTY OF MULTNOMAH

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

Date NOV 23 1979  
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 1st day of April A.D., 19 79 at 9:23 o'clock A.M., and duly recorded in Vol. 749 of 1979 on Page 6000.

FEE \$3.50

WM. D. MILNE, County Clerk  
By Berntha Whitcomb Deputy