

CERTIFICATE OF DEATH

Local File Number		State File Number	
1 DECEASED—NAME First Middle Last DOREEN ANN BLIVEN		DATE OF DEATH (month, day, year) 2 December 4, 1979	
RACE White, Black, American Indian, etc. (specify) 3 white		DATE OF BIRTH (month, day, year) 6 December 17, 1931	
SEX 4 female		AGE—Last birthday (years) 5a 47	
CITY, TOWN OR LOCATION OF DEATH 7a Multnomah		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7c University Hospital South	
STATE OF BIRTH (if not in U.S.A., name country) 8 Oregon		CITIZEN OF WHAT COUNTRY 9 U.S.A.	
SOCIAL SECURITY NUMBER 13543-32-3084		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 widowed	
RESIDENCE—STATE 15a Oregon		SPOUSE (IF MARRIED, WIDOWED) 11 Earl Bliven	
COUNTY 15b Multnomah		KIND OF BUSINESS OR INDUSTRY 12 NO	
FATHER—NAME first middle last 16 Earl Martin		MOTHER—Maiden Name first middle last 17 Ruby Wiley	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19 Burial		CITY, TOWN, OR LOCATION 15c Portland	
CEMETERY OR CREMATORY—NAME 19b Rock Creek Cemetery		STREET AND NUMBER OR R.F.D., ZIP 15d 1934 S.E. Marion St. 97202	
NAME AND ADDRESS OF FACILITY 20b Cornwell Colonial Chapel Box 214 Woodburn, Ore. 97071		INFORMANT—NAME and relationship to deceased 18 Chuck Wassinger - son	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) S. J. Bruce MD.		LOCATION city or town state 19c Rt. 1 Hubbard, Oregon	
CERTIFIER—NAME AND TITLE (Type or Print) 21d Steven J. Bruce MD		DATE SIGNED (Mo., Day, Yr.) 21b 12/4/79	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e		MAILING ADDRESS (Street, city or town, state, zip) 21c 3181 S.W. Sam Jackson Park Road Portland, Oregon 97201	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a DEC 7 1979		REGISTRAR 22b (Signature) [Signature]	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
(a) Respiratory Arrest		Interval between onset and death	
(b) Bilal. Plaval EFFUSIONS		Interval between onset and death 1 week	
(c) Metastatic Colon CANCER		Interval between onset and death 1 yr.	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
ACCIDENT (Specify Yes or No) 26a NO		AUTOPSY (Specify Yes or No) 24 Yes	
DATE OF INJURY (Mo., Day, Yr.) 26b		WAS CASE REFERRED TO MEDICAL EXAMINER 25 (Specify Yes or No) NO	
HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) 26e No		LOCATION 26g	
PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify) 26f		STREET OR R.F.D. NO CITY OR TOWN STATE	

RESERVED FOR REGISTRAR'S USE

Charles E. Wassinger
4955 Sheleen Ct.
Santa Rosa, CA 95405

STATE OF OREGON)
COUNTY OF MULTNOMAH)

Date DEC 7 1979

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.

Registrar of Vital Statistics

(Seal)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 12th day of May A.D., 19 80 at 4:13 o'clock P.M., and duly recorded in Vol. M80 of Deeds on Page 8705.

FEE \$3.50

WM. D. MILNE, County Clerk
By Bernetha [Signature] Deputy