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STANDARD CERTIFICATE OF DEATH

STATE OF OREGON, BOARD OF HEALTH -- PORTLAND PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 938 — STATE FILE NO. 13355 — DATE RECEIVED OCT 12 1964

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS SO THAT IT MAY BE PROPERLY CLASSIFIED.

1. NAME OF DECEASED (Type or print all entries in black ink) — First: STANLEY — Middle: CHARLES — Last: PULLIN

2. PLACE OF DEATH
A. COUNTY: Multnomah
B. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Portland-rural
C. LENGTH OF STAY IN 2B: 41 yrs
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Care Nursing Home

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Multnomah
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Portland-rural
D. STREET ADDRESS, RURAL ROUTE, ETC.: 10042 N. E. Shaver Street

4. DATE OF DEATH (Month, Day, Year): September 29, 1964
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 541-16-9444
9. USUAL OCCUPATION (Kind of work done during most of life): Owner (retired)
10. KIND OF BUSINESS OR INDUSTRY: Office Supply Co.
11. NAME OF SPOUSE: Alberta J. Pullin
12. DATE OF BIRTH (Month, Day, Year): July 31, 1884
13. AGE LAST BIRTHDAY (Yrs.): 80 — IF UNDER 1 YEAR (Months, Days) — IF UNDER 24 HOURS (Hours, Minutes)
14. BIRTHPLACE (State or Foreign Country): England
15. WAS DECEASED A CITIZEN OF [X] U. S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? No
17. NAME OF FATHER: George Pullin
18. MAIDEN NAME OF MOTHER: Harriett Phipps
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Mrs. Marjorie Bell;dauohter

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Congestive heart failure — Interval Between Onset and Death: 6 yrs plus
(Conditions, if any, which gave rise to above cause (a), stating the underlying cause last) DUE TO (B): Arteriosclerotic Hypertensive heart disease
DUE TO (C):
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a).
21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an autopsy performed? [ ] Yes [X] No
23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR: [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) — 25B. City — County — State
26. TIME OF INJURY (Hour, Month, Day, Year): ____ a. m.
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I, EARL SMITH, M. D. Coroner (Name), hereby certify that I (attended) (investigated) the death of the deceased from or on 9-29-64 (date) to 11-4-1960 (date) and that the death occurred at 1 P. m. from the causes and on the date stated above.
► Ralph F. Allen (Signature) MD (Title) Portland Oregon (Address) 9/30/64 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE: 4443X

30A. DECEASED WILL BE: [ ] Buried [X] Cremated [ ] Removed [ ] Other
30B. DATE: 10/2/64
30C. NAME OF CREMATORY OR CEMETERY: Portland Mem. Crematorium
30D. LOCATION (City or Town, State): Portland, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: OCT 12 1964
32. REGISTRAR'S SIGNATURE: [illegible]
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Edw. Holman & Son Portland, Oregon C. A. Regula

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