

96239

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. M
Page 3143

Local File Number

CERTIFICATE OF DEATH

DECEASED—NAME First Middle Last Charles Edgar ROSS		State File Number	
RACE White, Black, American Indian, etc. (Specify) White		DATE OF DEATH (month, day, year) September 26, 1980	
CITY, TOWN OR LOCATION OF DEATH Hillsboro		DATE OF BIRTH (month, day, year) June 16, 1924	
STATE OF BIRTH (if not in U.S., name country) Missouri		COUNTY OF DEATH Washington	
CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
SOCIAL SECURITY NUMBER 484-14-2862		SPOUSE (if married, widowed) Helene Ross	
RESIDENCE—STATE Oregon		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) No	
FATHER—NAME First Middle Last Doyle M. Ross		KIND OF BUSINESS OR INDUSTRY Fire Service	
MOTHER—Maiden Name First Middle Last Opal Brunnett		STREET AND NUMBER OR R.F.D., ZIP 3822 LaMarada Way 97601	
BUTURAL CREMATION, REMOVAL, MAUS, (Specify) Cremation		INFORMANT—NAME and relationship to deceased Helene Ross - Wife	
CEMETERY OR CREMATORY—NAME Willamette Crematory		LOCATION city or town state Tigard, Oregon	
FUNERAL SERVICE LICENSEE OF Oregon Acting As Such Robert E. Schneider		NAME AND ADDRESS OF FACILITY Forest Grove Mem. Chap. 1920-Pacific Ave. Forest Grove, OR 97116	
NAME AND ADDRESS OF CERTIFIER (Type or Print) Gerald E. G. G. M.D.		DATE SIGNED (Mo., Day, Yr.) Sept 29, 1980	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Gerald E. G. G. M.D.		HOUR OF DEATH 3:13 a. M.	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) SEP 29 1980		REGISTRAR Imogene T. Meador	
PART I IMMEDIATE CAUSE (a) Pneumonia (b) As a consequence of (c) Acute inflammation of the lung			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Malinant Pseudotumor Effusion			
ACCIDENT (Specify Yes or No) No		AUTOPSY (Specify Yes or No) Yes	
DATE OF INJURY (Mo., Day, Yr.) No		HOUR OF INJURY No	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
RESERVED FOR REGISTRAR'S USE		LOCATION CITY OR TOWN STATE	

STATE OF OREGON, COUNTY OF WASHINGTON) ss

DATE ISSUED OCT 1 1980

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS FILED IN THE VITAL STATISTICS SECTION OF THE WASHINGTON COUNTY DEPARTMENT OF PUBLIC HEALTH.

REGISTRAR

Imogene T. Meador

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of February A.D., 1981 at 11:23 o'clock A.M., and duly recorded in Vol. M81 of Deeds on page 3143.

Fee \$ 3.50

EVELYN BIEHN

COUNTY CLERK

Bernard J. Smith Deputy