

98901

CERTIFICATE OF DEATH

Vital Records Unit

Vol. MS1 Page 7503

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

Local File Number

00573

DECEASED—NAME First Middle Last <b>Nolen Andrew JOHNSON</b>			State File Number	
RACE White, Black, American Indian, etc. (specify) <b>White</b>			SEX <b>Male</b>	AGE—Last birthday (years) <b>86</b>
CITY, TOWN OR LOCATION OF DEATH <b>Springfield</b>			DATE OF DEATH (month, day, year) <b>April 21, 1981</b>	
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <b>McKenzie-Willamette Memorial Hospital</b>			DATE OF BIRTH (month, day, year) <b>November 8, 1894</b>	
CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			COUNTY OF DEATH <b>Lane</b>	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>			SPOUSE (IF MARRIED, WIDOWED) <b>Winnie Johnson</b>	
SOCIAL SECURITY NUMBER <b>516-09-3099</b>			WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>12 yes</b>	
USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>railroad employee</b>			KIND OF BUSINESS OR INDUSTRY <b>Western Union</b>	
RESIDENCE—STATE <b>Oregon</b>			CITY, TOWN, OR LOCATION <b>Springfield</b>	
FATHER—NAME first middle last <b>John R. Johnson</b>			MOTHER—Maiden Name first middle last <b>Margaret Goodson</b>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) <b>Burial</b>			CEMETERY OR CREMATORY—NAME <b>Pilot Butte Cemetery</b>	
FURNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>[Signature]</i>			NAME AND ADDRESS OF FACILITY <b>Major-Fredericksen Funeral Home 112 North "A" street Springfield, Oregon 97477</b>	
To be Completed by CERTIFYING PHYSICIAN Only 21a (Signature) <i>[Signature]</i> NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>D E McCafferty MD 188 West "B" St. Springfield, Oregon 97477</b>			DATE SIGNED (Mo., Day, Yr.) <b>April 21, 1981</b>	
21b			HOUR OF DEATH <b>1:05 a.m.</b>	
21c			NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21e			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>Apr. 22, 1981</b>	
22a			REGISTRAR <i>[Signature]</i> <b>Margaret A. Rainey, Deputy</b>	
PART I 23 IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Cerebral arteriosclerosis</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>ASHD &amp; CHF</b>				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>ASHD &amp; CHF</b>				
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY
26a INJURY AT WORK (Specify Yes or No)		26b PLACE OF INJURY—At home "arm, street, factory, office building, etc. (Specify)		26c
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