21180 1230

Local File Number

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

CERTIFICATE OF DEATH

ORS – 146

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82-01529

State File Number

1 DECEASED—NAME	FIRST: Bernard	MIDDLE: Arthur	LAST: SHANKS	2 DATE OF DEATH (MONTH, DAY, YEAR)	September 20, 1982
3 RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)	White	4 SEX: Male	5A AGE—LAST BIRTHDAY (YEARS): 76	UNDER 1 YEAR: MOS. / DAYS; UNDER 1 DAY: HOURS / MIN.	6 DATE OF BIRTH (MONTH, DAY, YEAR): April 4, 1906
7A CITY, TOWN, OR LOCATION OF DEATH	Salem	7B HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.)	5422 Portland Rd., N.E.	7C IF HOSP. OR INST., INDICATE DOA, OPD, OBS, IMM., INPATIENT (SPECIFY)	7D COUNTY OF DEATH: Marion
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Oregon	9 CITIZEN OF WHAT COUNTRY	USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Eva R.	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	yes		
13 SOCIAL SECURITY NUMBER	544-09-9012	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Cook	14B KIND OF BUSINESS OR INDUSTRY	Keg & Platter Restaurant
15A RESIDENCE—STATE	Oregon	15B COUNTY	Marion	15C CITY, TOWN, OR LOCATION	Salem
15D STREET AND NUMBER OR R.F.D.	5422 Portland Rd., N.E.	15E INSIDE CITY LIMITS (SPECIFY YES OR NO)	yes		
16 FATHER—NAME FIRST MIDDLE LAST	– Unknown	17 MOTHER MAIDEN NAME FIRST MIDDLE LAST	– Unknown	18 INFORMANT NAME AND RELATIONSHIP TO DECEASED	Eva R. Shanks, Wife
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)	Burial	19B CEMETERY OR CREMATORY NAME	Willamette National Cemetery	19C LOCATION CITY OR TOWN, STATE	Portland, Oregon
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH — SIGNATURE	Rex M. Hare/ds	20B NAME AND ADDRESS OF FACILITY	Rigdon-Ransom, 299 Cottage, N.E., Salem, OR 97301		

CERTIFICATION – MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR)	21B THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR	FROM: NATURAL CAUSES ☒	ACCIDENT ☐	SUICIDE ☐
2:00 P.M.	September 20, 1982 7:15P.M.	HOMICIDE ☐	UNDETERMINED ☐	PENDING ☐

21D CERTIFIER SIGNATURE	NAME (TYPE OR PRINT)	DEGREE OR TITLE
Peter J. Batten	Peter J. Batten, M.D.	
MEDICAL EXAMINER FOR:	COUNTY: Marion	21G DATE SIGNED (MONTH, DAY, YEAR): September 24, 1982

22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)	22B REGISTRAR (SIGNATURE)
September 24, 1982	Deanne Stenwood

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C.)) — INTERVAL BETWEEN ONSET AND DEATH

PART I
(a) Arteriosclerotic Heart Disease
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): Parkinson's Disease

AUTOPSY (SPECIFY YES OR NO): no

25A DATE OF INJURY (MONTH, DAY, YEAR)	25D HOUR	25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)

25D INJ. AT WORK (SPECIFY YES OR NO)	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

RESERVED FOR REGISTRAR'S USE

HS-197 REV. 1-80

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED MARCH 3 1983

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 THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH :ss

I hereby certify that the within instrument was received and filed for record on the 9th day of March A.D., 1983 at 11:59 o'clock A M, and duly recorded in Vol M 83, of DEEDS on page 3571

Fee $4.00

EVELYN BIEHN COUNTY CLERK

by Bernetha Welsh Deputy