

AFTER RECORDING RETURN TO: Harold A. Snow, PO Box 508, Astoria, Oregon 97103

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State of Oregon  
OREGON STATE HEALTH DIVISION  
Department of Human Resources

CERTIFICATE OF DEATH

Local File Number

Vital Records Unit

State File Number

4143

Vol. M83

FOR INSTRUCTIONS  
SEE HANDBOOK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE HANDBOOK  
FOR INSTRUCTIONS  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

1. RACE - White		2. SEX - Male		3. AGE - 76		4. DATE OF BIRTH - September 5, 1905	
5. CITY, TOWN OR LOCATION OF DEATH - Seaside		6. CITIZEN OF WHAT COUNTRY - U.S.A.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. COUNTY OF DEATH - Clatsop	
9. SOCIAL SECURITY NUMBER - 505-14-4681		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BARBARA		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
13. RESIDENCE - STATE - Oregon		14. CITY, TOWN, OR LOCATION - Clatsop		15. STREET AND NUMBER OR R.F.D. - Elm St. Box 1092		16. INSIDE CITY LIMITS (Specify Yes or No)	
17. FATHER - NAME - William H. Hanthorn		18. MOTHER - Maiden Name - Bernetta Rose Shirley		19. INFORMANT - NAME and relationship to decedent - Barbara Hanthorn - wife		20. LOCATION - Clatsop	
21. BURIAL, CREMATION, REMOVAL, MAUS (Specify)		22. CEMETERY OR CREMATORY - NAME - St. Barbara's Cemetery		23. NAME AND ADDRESS OF FACILITY - Hughes-Ransom Mortuary, 220 N. Holladay, Seaside, Oregon		24. DATE SIGNED (Mo. Day, Yr.) - Sept. 7, 1982	
25. NAME AND ADDRESS OF CERTIFIER (Type or Print)		26. NAME OF ATTENDING PHYSICIAN (Type or Print)		27. DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) - September 8, 1982		28. REGISTRAR - [Signature]	
29. PART I - IMMEDIATE CAUSE - Cardiac Arrest		30. PART II - DUE TO OR AS A CONSEQUENCE OF - [Signature]		31. PART III - DUE TO OR AS A CONSEQUENCE OF - [Signature]		32. PART IV - OTHER SIGNIFICANT CONDITIONS - [Signature]	
33. ACCIDENT (Specify Yes or No)		34. DATE OF INJURY (Mo. Day, Yr.)		35. HOUR OF INJURY		36. PLACE OF INJURY - At home	
37. INJURY AT WORK (Specify Yes or No)		38. PLACE OF INJURY - At home		39. STREET OR R.F.D. NO		40. CITY OR TOWN	
41. STATE		42. COUNTY		43. CITY		44. ZIP	

STATE OF OREGON, COUNTY OF CLATSOP)ss  
This certifies that the foregoing is a correct and complete copy of a record of death on file with the Clatsop County Health Department.

DATE ISSUED September 8, 1982

Registrar of Vital Statistics

NOT VALID WITHOUT RAISED SEAL OF CLATSOP COUNTY HEALTH DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH :ss  
I hereby certify that the within instrument was received and filed for record on the 17th day of March A.D., 1983 at 2:37 o'clock P.M., and duly recorded in Vol M83, of Deeds on page 4143.

EVELYN BIEHN COUNTY CLERK  
by Bernetta A. Detoch Deputy

Fee \$ 4.00