f Oregon
)N STATE HEALTH DIVISION
nent of Human Resources **24818**

MC12546-L

CERTIFICATE OF DEATH

Vol. 483 Page 9687

Vital Records Unit

TYPE PRINT IN MANENT LACK INK

FOR UCTIONS SEE DBOOK

Local File Number 133

State File Number

DECEASED—NAME: 1 Charles (First) Vernon (Middle) WILSON (Last)

2 DATE OF DEATH (month day year): April 26, 1983

3 RACE White, Black, American Indian, etc. (Specify): White

4 SEX: Male

5a AGE—Last birthday (years): 68

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month day year): January 15, 1915

7a CITY, TOWN OR LOCATION OF DEATH: Perdleton

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): St. Anthonys Hospital

7c IF HOSP OR INST ind cate DOA (Dead on Arr Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Umatilla

8 STATE OF BIRTH (If not in U.S.A. name country): South Dakota

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Patricia

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

13 SOCIAL SECURITY NUMBER: 556 03 9373 A

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Pipe Fitter

14b KIND OF BUSINESS OR INDUSTRY: Construction

15a RESIDENCE—STATE: Oregon

15b COUNTY: Morrow

15c CITY, TOWN, OR LOCATION: Boardman

15d STREET AND NUMBER OR R.F.D., ZIP: Box 22 Desert Spring Estate

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Charles Robert Wilson

17 MOTHER—Maiden Name first middle last: Shell Manning

18 INFORMANT—NAME and relationship to deceased: Patricia Wilson - Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Removal-Cremation

19b CEMETERY OR CREMATORY—NAME: Desert Lawn Memorial Crematory

19c LOCATION city or town state: Kennewick, Washington

20a FUNERAL SERVICE LICENSEE OR Person Acting As Such [Signature]: Lowell Burns

20b NAME AND ADDRESS OF FACILITY: Burns Mortuary P.O. Box 289 Hermiston, Oregon 97838

To Be Completed by Certifying Physician Only

To the best of my know edge, death occurred at the time, date and place and due to the cause(s) stated

21a [Signature] X Ray L. Lobb M.D.

NAME AND ADDRESS OF CERTIFIER (Type or Print): Ray Lobb M.D. 203 Kincaide S.W. Boardman, Oregon 97818

21b DATE SIGNED (Mo. Day. Yr.): April 29, 1983

21c HOUR OF DEATH: 9:00 P. M

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e

22a DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.): MAY 3 1983

22b REGISTRAR [Signature]: Elaine Wheeler

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].)

PART I (a) Respiratory Failure — Interval between onset and death: 4 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo. Day. Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d	AUTOPSY (Specify Yes or No) 24 Yes	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 26g		

RESERVED FOR REGISTRAR'S USE

21-2 (11/81)

'83 JUN 21 AM 11 32

STATE OF OREGON)
COUNTY OF UMATILLA)

This certifies that the foregoing is a correct and complete transcript of the record of death on file with the UMATILLA COUNTY HEALTH DEPARTMENT.

COUNTY REGISTRAR OF VITAL RECORDS
Elaine Wheeler

DATE 5/3/83

NOT VALID WITHOUT THE RAISED SEAL OF UMATILLA 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 21st day of June A.D., 19 83 at 11:32 o'clock A M and duly recorded in Vol M 83, of deeds on page 9687

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK
by Sue Spurs Deputy