

24906

'83 JUN 23 AM 10 11
CERTIFICATE OF DEATH

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Vital Records Unit

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

PRECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
RE: CAUSE AND
COMPLETION OF
CERTIFICATE

POSITION

1
2
3

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

USE OF
DEATH

100000

Local File Number		State File Number	
DECEASED—NAME First Middle Last Benjamin Wade ASH		DATE OF DEATH (month day year) 2 JUNE 8, 1983	
RACE (White, Black, American Indian, etc.) White	SEX Male	AGE—Last birthday (years) 56	DATE OF BIRTH (month day year) 6 January 28, 1927
CITY, TOWN OR LOCATION OF DEATH Portland	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Veterans Administration	COUNTY OF DEATH Multnomah	
STATE OF BIRTH (if not in U.S.) Oregon	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	SPOUSE (if married, widowed) Dona M.
SOCIAL SECURITY NUMBER 541 24 9713	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Owner/Operator Fishman	KIND OF BUSINESS OR INDUSTRY Commercial Fishing	
RESIDENCE—STATE Oregon	CITY, TOWN, OR LOCATION Coos Bay	STREET AND NUMBER OR R.F.D., ZIP 7166 Crown Point Rd. 97420	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) Yes
FATHER—NAME Howard Lynn Ash	MOTHER—Maiden Name Katie Carol Warner	INFORMANT—NAME and relationship to decedent Dona M. Ash - Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation	CEMETERY OR CREMATORY—NAME The Arbor Funeral Home	LOCATION city or town state Portland Oregon	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Specify) James W. Rydman	NAME AND ADDRESS OF FACILITY The Arbor Funeral Home 1410 SW Jefferson St. Portland		
DATE RECEIVED BY REGISTRAR (Month Day Year) JUN 9 1983		DATE SIGNED (Month Day Year) 6/9/83	HOUR OF DEATH 3:30 P.M.
NAME AND ADDRESS OF CERTIFIER (Type or Print) H. F. SMITH M.D.		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) REID M.D.	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Renal carcinoma (b) Prob. Angiosarcoma of liver (c) History of thymic exposure 1940		Interval between onset and death Unknown	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Old myocardial infarct		AUTOPSY (Specify Yes or No) Yes	WAS MEDICAL EXAMINER NOTIFIED (Specify yes or no) Yes
ACCIDENT (Specify Yes or No) No	DATE OF INJURY (Month Day Year) No	HOUR OF INJURY No	DESCRIBE HOW INJURY OCCURRED No
INJURY AT WORK (Specify Yes or No) No	PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) No	LOCATION No	STREET OR R.F.D. NO No
CITY OR TOWN No	STATE No	RESERVED FOR REGISTRAR'S USE	

STATE OF OREGON
COUNTY OF MULTNOMAH

Date JUN 10 1983

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

SEAL

H. F. SMITH
540 Main Street
Klamath Falls, Oregon 97601

Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

STATE OF OREGON; COUNTY OF KLAMATH; ss

I hereby certify that the within instrument was received and filed for record on the 23 day of June A.D., 1983 at 10:11 o'clock A.M. and duly recorded in Vol. M 83, of deeds on page 9792

FEE \$ 4.00

EVELYN BIEHN COUNTY CLERK
by Jan Xure Deputy