2543

277 Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. 183 Page 12836

State File Number

1. DECEASED—NAME: First: Paul; Middle: Theodore; Last: Davis Sr.
2. DATE OF DEATH (month, day, year): March 16, 1977
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 59
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): January 18, 1918
7a. COUNTY OF DEATH: Clackamas
7b. CITY, TOWN, OR LOCATION OF DEATH: Oregon City
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Willamette Falls Hosp.
8. STATE OF BIRTH (If not in U.S.A., name country): Minnesota
9. CITIZEN OF WHAT COUNTRY: U.S.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Pamela Davis
12. SOCIAL SECURITY NUMBER: 475-09-1002
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Supervisor
13b. KIND OF BUSINESS OR INDUSTRY: Paper Mill
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Clackamas
14c. CITY, TOWN, OR LOCATION: Mulino
14d. Inside City Limits (specify yes or no): NO
14e. STREET AND NUMBER OR R.F.D.: Rt. 1 Box202F
15. FATHER—NAME first middle last: John H. Davis
16. MOTHER—Maiden Name first middle last: Edith E. [illegible]
17. INFORMANT—NAME and relationship to deceased: Pamela Davis-Wife

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
(a) Immediate cause: Ventricular Fibrillation
due to, or as a consequence of: Arrest
(b) due to, or as a consequence of: (Coronary Art. disease)
(c) Arteriosclerosis

Approximate interval between onset and death:

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Hypertension

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	19a. AUTOPSY (yes or no)	19b. IF YES were findings considered in determining cause of death
			Yes	Yes

20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: May 1974 to month day year: March 16, 1977
20g. LOCATION (street or R.F.D. No., city or town, county, state)
And Last Saw Him/Her Alive on: month day year: March 8, 1977
I Did/Did Not view the body after death (specify)
DEATH OCCURRED (hour): 5:45 A. M.
at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Homer L. Winslow M.D.
22b. NAME (type or print): Homer L. Winslow, M.D. (degree or Title)
22c. DATE SIGNED (month, day, year): 3-18-77
23. MAILING ADDRESS—PHYSICIAN: 1420 John Adams (street) Oregon City, Oregon 97045 (city or town, state, zip)

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Willamette National
24c. LOCATION (city or town, state): Portland Ore.
24d. DATE (mo., day, year): 3-21-77
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Holman-Hankins-Rilance 715-7th St. Oregon City, Ore.
26a. REGISTRAR—SIGNATURE: Dianna Lynn Deputy Registrar
26b. DATE RECEIVED BY LOCAL REGISTRAR: March 21, 1977
27. RESERVED FOR REGISTRAR'S USE
28.

VS-2 R-69

Pamela R. Davis
8980 S.W. Sunstead Lane
Portland Ore 97225

STATE OF OREGON)
)
County of Clackamas)

This certifies that the above is a true copy of a record of death registered with Clackamas County Health Department.

JOHN F. SCHILKE, M.D.
By Dianna Lynn
Date March 23, 1977

(SEAL)

STATE OF OREGON: COUNTY OF KLAMATH :ss
I hereby certify that the within instrument was received and filed for record on the 4th day of Aug A.D., 1983 at 9:30 o'clock A M, and duly recorded in Vol M83, of DEEDS on page 12836.

Fee $ 4.00

EVELYN BIEHN COUNTY CLERK
by [signature] Deputy