46034

CERTIFIED COPY OF DEATH RECORD

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Local File Number

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

AFTER RECORDING RETURN TO:
Daniel A. Ritter, Attorney
P. O. Box 470
Salem, OR 97308

CERTIFICATE OF DEATH

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State File Number

DECEASED—NAME: 1 First: Earl; Middle: Thomas; Last: RILEY

2 DATE OF DEATH (month, day, year): January 18, 1985

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

4 SEX: Male

5a AGE—Last Birthday (years): 66

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): April 6, 1918

7a CITY, TOWN OR LOCATION OF DEATH: Salem

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Salem Hospital Memorial Unit

7c IF HOSP OR INST Indicate DOA, OP/Emer., Inp., Inpatient (Specify): Emergency

7d COUNTY OF DEATH: Marion

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Elenor R.

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

13 SOCIAL SECURITY NUMBER: 472 12 1783

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

14b KIND OF BUSINESS OR INDUSTRY: Manufacturers

15a RESIDENCE—STATE: Oregon

15b COUNTY: Marion

15c CITY, TOWN, OR LOCATION: Keizer

15d STREET AND NUMBER OR R.F.D., ZIP: 5015 Windsor Island Rd. N. 97303

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

16 FATHER—NAME first middle last: Robert E. Riley

17 MOTHER—first middle last (Maiden Name): Mary Korsan

18 INFORMANT—NAME and relationship to deceased: Elenor R. Riley - wife

19a METHOD OF DISPOSITION: Burial

19b CEMETERY OR CREMATORY—NAME: Belcrest Memorial Park

19c LOCATION city or town state: Salem, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: George Lipman

20b NAME AND ADDRESS OF FACILITY: Keizer Chapel 4365 River Rd. N., Keizer, Oregon 97303

To be Completed by CERTIFYING PHYSICIAN Only

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

21a [Signature]: M D Buck

21b DATE SIGNED [Mo. Day. Yr.]: 1-21-85

21c HOUR OF DEATH: 12:03 p. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: M.D. Buck, M.D. 976 OAK ST

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo. Day. Yr.]: JAN 21 1985

22b REGISTRAR [Signature]: Dianne Steward

23 IMMEDIATE CAUSE

PART I (a) [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]: CARDIO-respiratory arrest — Interval between onset and death:

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

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

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: Yes

26a ACCIDENT [Specify Yes or No]:

26b DATE OF INJURY [Mo. Day. Yr.]:

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY occurred:

26e INJURY AT WORK [Specify Yes or No]:

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]:

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE:

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON
COUNTY OF MARION

SEAL
VOID IF ALTERED

DATE JAN 21 1985

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

REGISTRAR OF VITAL STATISTICS

By Dianne Steward, Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 19th day of February A.D., 1985 at 3:47 o'clock P M, and duly recorded in Vol M85, of Deeds on page 2491.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy