46639 1495 Vital Records Unit BOOK 898 PAGE 927
Local File Number Vol. M85 Page 3452
State File Number

Field	Entry
DECEASED—NAME (First, Middle, Last)	1. Earl Franklin SALING
DATE OF DEATH (month, day, year)	2. November 8, 1982
RACE White, Black, American Indian, etc. (specify)	3. White
SEX	4. Male
AGE—Last birthday (years)	5a. 80
Under 1 year (mos, days)	5b.
Under 1 day (hours, min)	5c.
DATE OF BIRTH (month, day, year)	6. January 22, 1902
CITY, TOWN OR LOCATION OF DEATH	7a. Salem
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	7b. Salem Memorial Hospital
IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	7c. Inpatient
COUNTY OF DEATH	7d. Marion
STATE OF BIRTH (If not in U.S.A., name country)	8. Oregon
CITIZEN OF WHAT COUNTRY	9. U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	10. Married
SPOUSE (IF MARRIED, WIDOWED)	11. Stella Gladys Whitlock
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	12. no
SOCIAL SECURITY NUMBER	13. 541-22-8854
USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	14a. Office Manager-Right-a-way
KIND OF BUSINESS OR INDUSTRY	14b. Division State Highway Dept. Retired
RESIDENCE—STATE	15a. Oregon
COUNTY	15b. Marion
CITY, TOWN, OR LOCATION	15c. Salem
STREET AND NUMBER OR R.F.D., ZIP	15d. 170 21st St. N.E. 97301
Inside City Limits (specify yes or no)	15e. yes
FATHER—NAME	16. John Henry Saling
MOTHER—Maiden Name	17. Mary Isabelle Northcott
INFORMANT—NAME and relationship to deceased	18. Stella Gladys Saling, spouse
BURIAL, CREMATION, REMOVAL, MAUS. (specify)	19a. Burial
CEMETERY OR CREMATORY—NAME	19b. City View Cemetery
LOCATION (city or town, state)	19c. Salem Oregon
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)	20a. [signature]
NAME AND ADDRESS OF FACILITY	20b. V.T. Golden Mortuary, Inc., 605 Commercial St. S.E. 97301
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature)	21a. [signature] MD
DATE SIGNED (Mo., Day, Yr.)	21b. Nov 11, 1982
HOUR OF DEATH	21c. 2:07 P. M
NAME AND ADDRESS OF CERTIFIER (Type or Print)	21d. William Dripps Jr. M.D. 2475 Center St NE Salem 97301
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	21e.
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	22a. NOV 12 1982
REGISTRAR (Signature)	22b. [signature]

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

PART I	Cause	Interval between onset and death
(a)	Intracerebral Hemorrhage	
(b) DUE TO, OR AS A CONSEQUENCE OF:	Arteriosclerosis and Hypertension	
(c) DUE TO, OR AS A CONSEQUENCE OF:		

Field	Entry
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	Diabetes mellitus
AUTOPSY (Specify Yes or No)	24. no
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	25. no
ACCIDENT (Specify Yes or No)	26a.
DATE OF INJURY (Mo., Day, Yr.)	26b.
HOUR OF INJURY	26c. M
DESCRIBE HOW INJURY OCCURRED	26d.
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

Margin: 01 244 431X 06

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HS-2 (Rev. 1/80)

STATE OF OREGON, COUNTY OF MULTNOMAH)ss DATE ISSUED SEPTEMBER 28 1983
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

[signature]
Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 8th day of March A.D., 19 85 at 11:39 o'clock A M, and duly recorded in Vol M85 of Deeds on page 3452

EVELYN BIEHN, COUNTY CLERK
by: [signature], Deputy

Fee: $ 5.00

Return: Capital Title Co. Box 826 Salem, Ore. 97308 Attn: Patty Schenk

act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney-in-fact shall lawfully do or cause to be done by virtue hereof.