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

Vol. M85 Page 4318

CERTIFICATE OF DEATH

ORS – 146

Local File Number

State File Number

1. DECEASED—NAME: First: Velda; Middle: Mae; Last: SHY
2. DATE OF DEATH (MONTH, DAY, YEAR): July 26, 1984
3. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White
4. SEX: Female
5A. AGE—LAST BIRTHDAY (YEARS): 52
5B. UNDER 1 YEAR: MOS. / DAYS
5C. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): January 11, 1932
7A. CITY, TOWN, OR LOCATION OF DEATH: Oakridge
7B. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): Hwy. 58, Mile Post #28
7C. IF HOSP. OR INST., INDICATE DOA, OPIEMER, INPATIENT (SPECIFY):
7D. COUNTY OF DEATH: Lane
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Oregon
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SPOUSE (IF MARRIED, WIDOWED): Virgil R. Shy
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No
13. SOCIAL SECURITY NUMBER: 543-32-0575
14A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Home Maker
14B. KIND OF BUSINESS OR INDUSTRY: at Home
15A. RESIDENCE—STATE: Oregon
15B. COUNTY: Multnomah
15C. CITY, TOWN, OR LOCATION: Portland
15D. STREET AND NUMBER OR R.F.D. ZIP: 3532 S.W. Nevada Court 97213
15E. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
16. FATHER—NAME FIRST MIDDLE LAST: Donald R. Butcher
17. MOTHER—FIRST MIDDLE LAST (MAIDEN NAME): Leona M. Ryasom
18. INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Stanley D. Shy, Son
19A. BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation
19B. CEMETERY OR CREMATORY—NAME: Sunset Hills Memorial Park Crematory
19C. LOCATION—CITY OR TOWN, STATE: Portland, Oregon
20A. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: Kay Musgrave
20B. NAME AND ADDRESS OF FACILITY: Finley Sunset Hills Mortuary, 6801 S.W. Sunset Hwy, Portland OR 97225

CERTIFICATION—MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A. DEATH OCCURRED (HOUR): 1915
21B. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): July 26 1984 1915 M.
21C. FROM: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐
21D. CERTIFIER—SIGNATURE: Edward F Wilson
21E. NAME—(TYPE OR PRINT) DEGREE OR TITLE: Edward F Wilson, M.D.
21F. MEDICAL EXAMINER FOR: COUNTY: LANE
21G. DATE SIGNED (MONTH, DAY, YEAR): AUGUST 1, 1984
22A. DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): Aug 1, 1984
22B. REGISTRAR (SIGNATURE): Marjorie McLaney, Deputy

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

PART I
(a) Crushing chest injuries — INTERVAL BETWEEN ONSET AND DEATH: -
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)

24. AUTOPSY (SPECIFY YES OR NO): No

25A. DATE OF INJURY (MONTH, DAY, YEAR): July 26, 1984
25B. HOUR: 1915
25C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Operator of van colliding with pickup
25D. INJ. AT WORK (SPECIFY YES OR NO): No
25E. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Highway
25F. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): MP 28.5. Highway 58, Oakridge, Lane, Oregon

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-107 REV. 12-83

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STATE OF OREGON, COUNTY OF LANE

Date August 8, 1984

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE OREGON STATE HEALTH DIVISION.

Ret- Virgil Shy
5532 SW Nevada Ct
Portland, Ore 97219

David L. Nichols MD
Registrar of Vital Statistics
By Marjorie McLaney, Deputy

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

500 cc

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 25th day of March A.D., 19 85 at 11:00 o'clock A M, and duly recorded in Vol M85, of Deeds on page 4318.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: Pam Smith, Deputy