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

Vol. M85 Page 5070

Local File Number

State File Number

CERTIFICATE OF DEATH

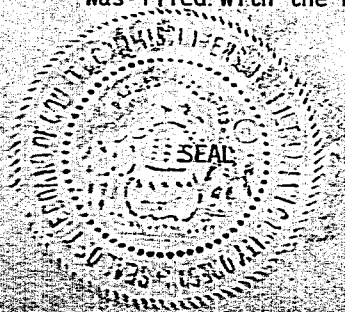
DECEASED—NAME 1 WILLARD A FARMER		DATE OF DEATH (month, day, year) 2 APRIL 2, 1985	
RACE (White, Black, American Indian, etc. (Specify)) 3 White		SEX 4 Male	AGE—Last birthday (years) 5a 64
CITY, TOWN OR LOCATION OF DEATH 7a PORTLAND		DATE OF BIRTH (month, day, year) 6 November 24, 1920	
STATE OF BIRTH (If not in USA name country) 8 California		CITY, TOWN OR LOCATION 15c Midland	
CITIZEN OF WHAT COUNTRY 9 USA		STREET AND NUMBER OR R.F.D., ZIP 15d P.O. Box 10	
SOCIAL SECURITY NUMBER 13 550 22 8164		KIND OF BUSINESS OR INDUSTRY 14b Logging Industry	
RESIDENCE—STATE 15a Oregon		COUNTY 15b Klamath	
FATHER—NAME 16 Roy Burns Farmer		MOTHER—NAME 17 Agatha Lily Herrick	
BUTURAL CREMATION, REMOVAL, MAUS, (Specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Mt. Laki Cemetery	
FURNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) 20a Shirley Kupper		NAME AND ADDRESS OF FACILITY 20b 11145 N.E. Sandy Blvd. Parkrose Funeral Home Portland, Oregon 97220	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21a Dr. H. Parker		DATE SIGNED (Mo, Day, Yr) 21b Apr 12 1985	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21c Dr. H. Parker		HOUR OF DEATH 21d 0745 a.m.	
DATE RECEIVED BY REGISTRAR (Mo, Day, Yr) 22a		REGISTRAR 22b (Signature)	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART I (a) Cardiopulmonary Arrest		Interval between onset and death MINUTES	
(b) Intracerebral Hematoma		Interval between onset and death 5 DAYS	
(c) Primary brain tumor		Interval between onset and death MONTHS	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
ACCIDENT (Specify Yes or No) 26a No		AUTOPSY (Specify Yes or No) 24 No	
DATE OF INJURY (Mo, Day, Yr) 26b None		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No	
HOUR OF INJURY 26c None		DESCRIBE HOW INJURY OCCURRED 26d None	
INJURY AT WORK (Specify Yes or No) 26e No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f None	
LOCATION 26g None		STREET OR R.F.D. NO 26h None	
CITY OR TOWN 26i None		STATE 26j None	

ORIGINAL-VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF MULTNOMAHDate **APR 4 1985**

45-2 REV. 12-83

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.



Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

CS-82/615

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 April, A.D., 1985 at 12:11 o'clock P M, and duly recorded in Vol M85 of Deeds on page 5070

EVELYN BIEHN, COUNTY CLERK

by: **Pam Smith**, DeputyFee: \$ 5.00

Return: Helen Farmer P. O. Box 10 Midland, Oregon 97634