

53126

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME JAMES A. CANE		DATE OF DEATH (month, day, year) 2 JULY 2, 1980	
RACE White, Black, American Indian, etc. (specify) White		DATE OF BIRTH (month, day, year) 6—OCTOBER 10 1922	
SEX Male		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) UNIVERSITY HOSPITAL SOUTH	
CITY, TOWN OR LOCATION OF DEATH PORTLAND		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 YES	
CITIZEN OF WHAT COUNTRY USA		KIND OF BUSINESS OR INDUSTRY Oil Company	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 MARRIED		SPOUSE (IF MARRIED, WIDOWED) 11 ELIZABETH J.	
SOCIAL SECURITY NUMBER 13 490-07-9101		KIND OF BUSINESS OR INDUSTRY Oil Company	
RESIDENCE—STATE 15a OREGON		STREET AND NUMBER OR R.F.D., ZIP 15d 39555 MCKENZIE HWAY 97477	
COUNTY 15b LANE		CITY, TOWN, OR LOCATION 15c SPRINGFIELD	
FATHER—NAME first middle last 16 HERBERT CANE		INFORMANT—NAME and relationship to deceased 18 BETTY CANE-WIFE	
MOTHER—Maiden Name first middle last 17 BARBARA R. EALES		LOCATION—city or town state 19c SPRINGFIELD, OREGON	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a BURIAL		CEMETERY OR CREMATORY—NAME 19b SPRINGFIELD MEMORIAL GARDENS	
FURNACE SERVICE LICENSEE or person Acting As Such (Signature) 20a [Signature]		NAME AND ADDRESS OF FACILITY 20b BUELL CHAPEL, 320 N. 6th, SPRINGFIELD, OREGON 97477	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a [Signature] Mary Bachhuber MD		DATE SIGNED (Mo., Day, Yr.) 21b July 3, 1980	
CERTIFIER—NAME AND TITLE (Type or print) 21d Mary Bachhuber MD		MAILING ADDRESS (Street, city or town, state, zip) 3181 SW Sam Jackson Park Road Portland, Oregon 97201	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e		HOUR OF DEATH 21c 7:00 P. M.	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a JUL 9 1980		REGISTRAR 22b [Signature] James J. McAllister	
IMMEDIATE CAUSE 23 Cardiac arrest		Interval between onset and death	
(a) DUE TO, OR AS A CONSEQUENCE OF: (b) Cardiomyopathy		Interval between onset and death	
(c) Congestive heart failure		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY [Specify Yes or No] 24 YES	
ACCIDENT [Specify Yes or No] 26a		WAS CASE REFERRED TO MEDICAL EXAMINER 25 [Specify Yes or No] NO	
DATE OF INJURY (Mo., Day, Yr.) 26b		HOUR OF INJURY 26c	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f		DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK [Specify Yes or No] 26e		LOCATION 26g	
RESERVED FOR REGISTRAR'S USE			

VS-2 Rev 8-78 P-65412

STATE OF OREGON
COUNTY OF MULTNOMAH

Date JUL 9 1980

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.

James J. McAllister
James J. McAllister
REGISTRAR OF VITAL STATISTICS

Return to:
Key Title
190 E. 11th
Eugene, Or 97401

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of September A.D., 19 85 at 9:37 o'clock A M., and duly recorded in Vol. 14608 the 11th day of September on Page 14608

Evelyn Biehn, County Clerk
By *[Signature]*

FEE \$5.00