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OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

764 Local File Number

85-008856 State File Number

CERTIFICATE OF DEATH

1 DECEASED—NAME: First: Elenor	Middle: Rozell	Last: RILEY		2 DATE OF DEATH (month, day, year): May 16, 1985	
3 RACE (White, Black, American Indian, etc.) (specify): White	4 SEX: Female	5a AGE—Last birthday (years): 67	Under 1 year: 5b mos / days	Under 1 day: 5c hours / min	6 DATE OF BIRTH (month, day, year): April 17, 1918
7a CITY, TOWN OR LOCATION OF DEATH: Keizer	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 5015 Windsor Island Rd. N.	7c IF HOSP. OR INST. indicate DOA, OP, Emer., Inpatient (Specify):		7d COUNTY OF DEATH: Marion	
8 STATE OF BIRTH (If not in U.S.A. name country): Nebraska	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed	11 SPOUSE (IF MARRIED, WIDOWED): Earl Thomas	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No	
13 SOCIAL SECURITY NUMBER: 518 16 1266	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Self Employed Owner 819 282	14b KIND OF BUSINESS OR INDUSTRY: Steel Fabrication			
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: Vencle Klanecky	17 MOTHER—first middle last (Maiden Name): Anna Smolick	18 INFORMANT—NAME and relationship to deceased: Elaine Riley Pacheco - daughter			
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): 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): Leslie Lyman	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): Peter A Rasmussen MD	21b DATE SIGNED (Mo., Day, Yr.): 5-16-85	21c HOUR OF DEATH: 6:08 a.m.			
NAME AND ADDRESS OF CERTIFIER (Type or Print): 21d Peter A. Rasmussen MD 1234 Commercial S.E. , Salem, Oregon 97302					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e					
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAY 17 1985	22b REGISTRAR (Signature): Donna Stevenson				

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

		Interval between onset and death
23 IMMEDIATE CAUSE (a)	multiple myeloma	2½ years
DUE TO, OR AS A CONSEQUENCE OF (b)		
DUE TO, OR AS A CONSEQUENCE OF (c)		

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	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25
No	Yes

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
No		M	

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
No				

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45 2 REV 12-83

STATE OF OREGON, COUNTY OF MULTNOMAH) ss DATE ISSUED JULY 9 1985

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 THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 31st day of October A.D., 19 85 at 11:48 o'clock A M., and duly recorded in Vol. M85, of Deeds on Page 17694.

Evelyn Biehn County Clerk

FEE $5.00 By Pam Smith

Ret: Regional Investment Mtge. Serv. Box 13850 Salem, Ore. 97309