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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

13 (Local File Number)

CERTIFICATE OF DEATH

79-003778 (State File Number)

DECEASED—NAME: 1. NED (First) FRANCIS (Middle) SMITH (Last)

DATE OF DEATH (Month, Day, Year): March 26, 1979

2. RACE (White, Black, American Indian, etc.) (Specify): White

3. SEX: Male

4a. AGE—Last Birthday (Years): 74

4b. Under 1 Year: Mos. / Days

4c. Under 1 Day: Hours / Min.

4. DATE OF BIRTH (Month, Day, Year): April 21, 1904

5a. COUNTY OF DEATH: Grant

5b. CITY, TOWN, OR LOCATION OF DEATH: John Day

5c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street & no.): Blue Mt. Hospital

5d. If hosp. or inst., indicate DOA, Inpatient, or ER (Specify): DOA

6. STATE OF BIRTH (If not in U.S.A., name country): Idaho

7. CITIZEN OF WHAT COUNTRY: U.S.A.

8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

9. SPOUSE (If married, widowed or divorced): Katherine Smith

10. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

11. SOCIAL SECURITY NUMBER: 543-10-1412

12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

12b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal

13a. RESIDENCE—STATE: Oregon

13b. COUNTY: Grant

13c. CITY, TOWN, OR LOCATION: John Day X

13d. STREET AND NUMBER OR R.F.D.: Box 152 Canyon City 97820

13e. INSIDE CITY LIMITS (Specify Yes or No): yes

14. FATHER—NAME (First, Middle, Last): Charles S. Smith

15. MOTHER—MAIDEN NAME (First, Middle, Last): Artie F. Williams

16. INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Katherine M. Smith (wife)

17a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial

17b. CEMETERY OR CREMATORY—NAME: Canyon City Cemetery

17c. LOCATION—CITY OR TOWN: Canyon City

17c. STATE: Oregon

17d. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS—NAME AND ADDRESS OF FACILITY: Driskill Memorial Chapel, 241 So. Canyon Blvd., John Day, Ore. 97845

CERTIFICATION — MEDICAL EXAMINER

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

18a. DEATH OCCURRED (Hour): 5:40 P.M.

18b. THE DECEDENT WAS PRONOUNCED DEAD (Month, Day, Year, Hour): March 26 1979 5:40 P.M.

18c. FROM: Natural Causes [X] Homicide [ ] Accident [ ] Undetermined [ ] Suicide [ ] Pending [ ]

18d. CERTIFIER (Signature): William O. Stahl

18e. NAME—(Type or Print): William O. Stahl M.D.

18f. MEDICAL EXAMINER FOR: Grant County

18g. DATE SIGNED (Month, Day, Year): 3.29.79

19a. DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): April 2, 1979

19b. REGISTRAR (Signature): Patricia A. Johnston

PART I

20. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c).)

(a) Occlusive Coronary Arteriosclerosis

due to, or as a consequence of:

(b) Arteriosclerotic Heart Disease

due to, or as a consequence of:

(c)

Interval between onset and death: (a) Immediate; (b) 4 years; (c)

PART II

21. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

22. AUTOPSY (Specify Yes or No): No

23a. DATE OF INJURY (Month, Day, Year)

23b. HOUR

23c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 21)

23d. DID INJURY OCCUR AT WORK (Specify Yes or No): No

23e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)

23f. LOCATION (Street or R.F.D. No., City or Town, County, State)

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