64396

E HEALTH DIVISION
Human Resources

86 AUG

CERTIFICATE OF DEATH

66893

Vol. M86 Page 13688

Vital Records Unit

Local File Number

DECEASED—NAME: 1 First: Jake; Middle; Last: Heim

State File Number

RACE White, Black, American Indian, etc. (specify): 3 White

SEX: 4 Male

AGE—Last birthday (years): 5a 72

Under 1 year: mos / days: 5b

Under 1 day: hours / min: 5c

DATE OF DEATH (month, day, year): 2 July 17, 1981

CITY, TOWN OR LOCATION OF DEATH: 7a Milwaukie

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7b 6415 S.E. Needham

IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient [Specify]: 7c Home

DATE OF BIRTH (month, day, year): 6 January 18, 1909

STATE OF BIRTH (If not in U.S.A., name country): 8 Michigan

CITIZEN OF WHAT COUNTRY: 9 USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married

COUNTY OF DEATH: 7d Clackamas

SOCIAL SECURITY NUMBER: 13 543-18-5398

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 14a Mill Wright

SPOUSE (IF MARRIED, WIDOWED): 11 Lola Heim

WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: 12 No

RESIDENCE—STATE: 15a Oregon

COUNTY: 15b Clackamas

CITY, TOWN, OR LOCATION: 15c Milwaukie

KIND OF BUSINESS OR INDUSTRY: 14b Woodwork

STREET AND NUMBER OR R.F.D., ZIP: 15d 6415 S.E. Needham

Inside City Limits (specify yes or no): 15e yes

FATHER—NAME first middle last: 16 Henry Heim

MOTHER—Maiden Name first middle last: 17 Mary Pedersen

INFORMANT—NAME and relationship to deceased: 18 Lola Heim- Widow

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Burial

CEMETERY OR CREMATORY—NAME: 19b Sunset Hills

LOCATION city or town state: 19c Portland, Oregon

FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: 20a Floyd C. Doncaster

NAME AND ADDRESS OF FACILITY: 20b Stehn's Milwaukie F.H. 2906 S.E. Harrison Milwaukie, Oregon

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]: John T. Hewitt

DATE SIGNED [Mo., Day, Yr.]: 21b 7/22/81

HOUR OF DEATH: 21c 6:00 A. M

NAME AND ADDRESS OF CERTIFIER [Type or Print]: 21d

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: 21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: 22a JUL 24 1981

REGISTRAR: 22b [Signature] Leona Jones

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I

(a) METASTATIC ADENOCARCINOMA OF LUNG — 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)

ACCIDENT [Specify Yes or No]: 26a

DATE OF INJURY [Mo., Day, Yr.]: 26b

HOUR OF INJURY: 26c M

AUTOPSY [Specify Yes or No]: 24 No

WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: 25 Yes

INJURY AT WORK [Specify Yes or No]: 26e

PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]: 26f

DESCRIBE HOW INJURY OCCURRED: 26d

LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE: 26g

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

STATE OF OREGON }
COUNTY OF CLACKAMAS }

This certifies that the above is a true copy of a record of death registered with Clackamas County Public Health Division.

JOHN F. SCHILKE, M. D.
BY Leona Jones
DATE JUL 24 1981

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF CLACKAMAS COUNTY PUBLIC HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 4th day of August A.D., 19 86 at 11:43 o'clock A M., and duly recorded in Vol. M86, of Deeds on Page 13688.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith

Ret: Lola Heim, 6415 S.E. Needham, Milwaukie, Oregon