'86 AUG 22 A11 10 39 CERTIFIED COPY OF DEATH RECORD Vol. M86 Page 15136

65126

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

18750 ID TAG NO.
931 Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED — NAME (First / Middle / Last)				DATE OF DEATH (month, day, year)	
1	Virgil	Frank	MAHAFFEY	2	June 25, 1986
RACE (White, Black, American Indian, etc. (specify))	SEX	AGE — Last birthday (years)	Under 1 year (mos / days)	Under 1 day (hours / min)	DATE OF BIRTH (month, day, year)
3 White	4 Male	5a 65	5b	5c	6 March 16, 1921
CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)	IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify)		COUNTY OF DEATH	
7a Woodburn	7b 760 Oregon Way	7c		7d Marion	
STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	SPOUSE (IF MARRIED, WIDOWED)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
8 Nebraska	9 U.S.A.	10 Married	11 Iona M.	12 Yes	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 540-26-9241	14a Auditor		14b State of OR.-Dept. Of Rev.		
RESIDENCE — STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER OR R.F.D. ZIP 97071	Inside City Limits (specify yes or no)	
15a Oregon	15b Marion	15c Woodburn	15d 760 Oregon Way	15e Yes	
FATHER — NAME first middle last	MOTHER — first middle last (Maiden Name)		INFORMANT — NAME and relationship to deceased		
16 Carlos R. Mahaffey	17 Cora J. Franklin		18 Iona Mahaffey - Wife		
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)	CEMETERY OR CREMATORY — NAME		LOCATION city or town state		
19a Burial	19b Belcrest Memorial Park		19c Salem, Oregon		
FUNERAL SERVICE LICENSEE OR person acting as such	NAME AND ADDRESS OF FACILITY				
20a Steve G. Keeley	20b V.T. Golden Mortuary Inc., Salem, Oregon 97301		605 Commercial St. S.E.		

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) Edward P. Orlowski

DATE SIGNED (Mo., Day, Year) 21b 6-26-86

HOUR OF DEATH 21c 10:20 P. M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)

21d Edward P. Orlowski, M.D. 1234 Commercial St. S.E. Salem, OR ZIP 97302

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a JUN 26 1986

REGISTRAR 22b (Signature) Deanne Hensrud

PART I	23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)		Interval between onset and death
	(a)		
	DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death
	(b)		
	DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death
	(c) Metastatic Bronchiogenic Carcinoma		
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 No	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 Yes

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

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
26e	26f	26g			

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐

WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev. 1-86

STATE OF OREGON
COUNTY OF MARION

SEAL
VOID IF ALTERED

DATE AUG 1 1986

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

REGISTRAR OF VITAL STATISTICS

By Deanne Hensrud, Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 22nd day of August A.D., 19 86 at 10:39 o'clock A M., and duly recorded in Vol. M86, of Deeds on Page 15136.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00
Ret: Iona Mahaffey 760 Oregon Way, Woodburn, Oregon 97071