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65126

18750
ID TAG NO.
931

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

CERTIFICATE OF DEATH

Local File Number | State File Number

1 DECEASED — NAME: Virgil Frank MAHAFFEY
2 DATE OF DEATH (month, day, year): June 25, 1986
3 RACE (White, Black, American Indian, etc. (specify)): White
4 SEX: Male
5a AGE — Last birthday (years): 65
5b Under 1 year: mos / days
5c Under 1 day: hours / min
6 DATE OF BIRTH (month, day, year): March 16, 1921
7a CITY, TOWN OR LOCATION OF DEATH: Woodburn
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 760 Oregon Way
7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., 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): Married
11 SPOUSE (IF MARRIED, WIDOWED): Iona M.
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes
13 SOCIAL SECURITY NUMBER: 540-26-9241
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor
14b KIND OF BUSINESS OR INDUSTRY: State of OR.-Dept. Of Rev.
15a RESIDENCE — STATE: Oregon
15b COUNTY: Marion
15c CITY, TOWN OR LOCATION: Woodburn
15d STREET AND NUMBER OR R.F.D.: 760 Oregon Way ZIP 97071
15e Inside City Limits (specify yes or no): Yes
16 FATHER — NAME first middle last: Carlos R. Mahaffey
17 MOTHER — first middle last (Maiden Name): Cora J. Franklin
18 INFORMANT — NAME and relationship to deceased: Iona Mahaffey - Wife
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: [illegible]
20b NAME AND ADDRESS OF FACILITY: V.T.Golden Mortuary Inc., 605 Commercial St. S.E. Salem, Oregon 97301

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) ► [illegible]
21b DATE SIGNED (Mo., Day, Year): 6-26-86
21c HOUR OF DEATH: 10:20 P. M
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Edward P. Orlowski, M.D. 1234 Commercial St. S.E. Salem, OR ZIP 97302
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

PART II

OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)
24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

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

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

Unofficial Copy

STATE OF OREGON
COUNTY OF MARION

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

SEAL
VOID IF ALTERED

DATE AUG 1 1986

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 Ann Smith

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