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of Oregon
ON STATE HEALTH DIVISION
ment of Human Resources

CERTIFIED COPY OF DEATH RECORD

MC-171214-K

CERTIFICATE OF DEATH

AFTER RECORDING RETURN:
Faye N. Scott,
566 N. 2nd Ave.,
Stayton, OR 97383

Vital Records Unit

Vol M86 Page 18036

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

1404
Local File Number

State File Number

DECEASED—NAME (First / Middle / Last)			
1 RUSSELL	A.I.	SCOTT	

RACE White, Black, American Indian, etc (specify) 3 White	SEX 4 Male	AGE—Last birthday (years) 5a 80	Under 1 year: mos / days 5b	Under 1 day: hours / min 5c	DATE OF DEATH (month, day, year) 2 October 2, 1983
CITY, TOWN OR LOCATION OF DEATH 7a Stayton	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b Santiam Memorial Hosp	IF HOSP. OR INST. last case DOA OP/Emer. Rm., Inpatient (Specify) 7c inpatient			DATE OF BIRTH (month, day, year) 6 September 1, 1903
STATE OF BIRTH (If not in U.S.A., name country) 8 Oregon	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Faye N.		COUNTY OF DEATH 7d Marion
SOCIAL SECURITY NUMBER 13 537-03-6710	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Proprietor, Retired	KIND OF BUSINESS OR INDUSTRY 14b Bowling Alley			WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 NO
RESIDENCE—STATE 15a Oregon	COUNTY 15b Marion	CITY, TOWN, OR LOCATION 15c Stayton	STREET AND NUMBER OR R.F.D., ZIP 15d 520 W. Kathy St. 97383		Inside City Limits (Specify yes or no) 15e yes
FATHER—NAME first middle last 16 Charles E. Scott	MOTHER—Maiden Name first middle last 17 Cecilia Smith				INFORMANT—NAME and relationship to deceased 18 Faye N. Scott, Wife
BURIAL, CREMATION, REMOVAL, MAUS. (Specify) 19a Burial	CEMETERY OR CREMATORY—NAME 19b Lone Oak				LOCATION city or town / state 19c Stayton, Oregon

FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) 20a [signature]
NAME AND ADDRESS OF FACILITY 20b Weddle Funeral Home Inc. 1777 Third Ave, Stayton, Ore

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) [signature]
NAME AND ADDRESS OF CERTIFIER (Type or Print) William M. & Klass
DATE SIGNED (Mo., Day, Yr.) 21b Oct 5th 1983
HOUR OF DEATH 21c 4:57 M

21d William M. & KLASS MD, 1375 N 10th AVE Stayton OREGON 97383
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a OCT 6 1983
REGISTRAR 22b (Signature) [signature]

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

PART I
(a) Acute Congestive heart failure — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 2 days
(b) Arteriosclerotic heart disease — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 1 year
(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): terminal + metastatic Carcinoma of colon

ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d	AUTOPSY (Specify Yes or No) 24	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25
NO		M		no	no
INJURY AT WORK (Specify Yes or No) 26e NO	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		LOCATION 26g — STREET OR R.F.D. NO. — CITY OR TOWN — STATE		

RESERVED FOR REGISTRAR'S USE

21-2 (11/81)

STATE OF OREGON
COUNTY OF MARION
SEAL
VOID IF ALTERED
DATE OCT 6 1983

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 [signature], Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of October A.D., 19 86 at 8:59 o'clock A M., and duly recorded in Vol. M86, of Deeds on Page 18036.

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]