(5 d/c's) '86 NOV 20 AM 11 39

68430

CERTIFIED COPY OF DEATH RECORD 31785

REEL 366 PAGE 1309

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

Vol M86 Page 21270

1756
Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First GEORGE; Middle M.; Last JONES

2 DATE OF DEATH (month, day, year): December 6, 1984

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

4 SEX: male

5a AGE—Last birthday (years): 89

5b Under 1 year: mos / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): September 9, 1895

7a CITY, TOWN OR LOCATION OF DEATH: Woodburn

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 1402 Country Club Circle

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): Canada

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Agnes

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

13 SOCIAL SECURITY NUMBER: 540-03-7223

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

14b KIND OF BUSINESS OR INDUSTRY: Print Shop

15a RESIDENCE—STATE: Oregon

15b COUNTY: Marion

15c CITY, TOWN, OR LOCATION: Woodburn

15d STREET AND NUMBER OR R.F.D., ZIP: 1402 Country Club Circle 97071

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

16 FATHER—NAME first middle last

17 MOTHER—first middle last (Maiden Name)

18 INFORMANT—NAME and relationship to deceased: Agnes Jones/SPOUSE

DISPOSITION

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

19b CEMETERY OR CREMATORY—NAME: Willamette Crematory

19c LOCATION city or town state: Tigard, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Gary Linn

20b NAME AND ADDRESS OF FACILITY: Simon Funeral Chapel 1050 N. Boones Ferry Rd. Woodburn, Oregon 97071

CERTIFIER

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]: Paul Asper MD

21b DATE SIGNED (Mo., Day, Yr.): 12-7-84

21c HOUR OF DEATH: 5:30 AM

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): PAUL ASPER MD, Woodburn OR 97071

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): DEC 13 1984

22b REGISTRAR [Signature]: Deanne Stensrud

CONDITIONS IF any GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

23 IMMEDIATE CAUSE

PART I

(a) Cardiac asystole - ventricular fibrillation — Interval between onset and death: immed.

DUE TO, OR AS A CONSEQUENCE OF:

(b) Arteriosclerotic cardiovascular disease — Interval between onset and death: years

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): Cerebral vascular insufficiency

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY (Specify Yes or No): NO	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): YES
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		

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON
COUNTY OF MARION

SEAL
VOID IF ALTERED

DATE DEC 13 1984

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 Stensrud Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of November A.D., 19 86 at 11:39 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 21270 the 20th day

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Ret: Agnes Jones 1402 Country Club Circle, Woodburn, Oregon 97071