

70690

CERTIFIED COPY OF DEATH RECORD

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ID TAG NO.

37

Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records UnitVol. M87 Page 1130TYPE
PRINT
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FOR
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SEE
HANDBOOK

DECEDENT

DEATH
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CERTIFIER

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|---|--|---|--|--|--|---|--|--|--|
| DECEASED - NAME | | First | | Middle | | Last | | State File Number | |
| 1 Louise | | Blanche | | WALKER | | | | | |
| 2 RACE White, Black, American Indian, etc. (specify) | | 3 SEX Female | | 4 AGE - Last birthday (years) 74 | | 5a Under 1 year mos days | | 5b Under 1 year hours min. | |
| 6 CITY, TOWN OR LOCATION OF DEATH Sublimity | | 7a HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) Mariah Nursing Home | | 7b IF HOSP OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (specify) 7c Inpatient | | 8 DATE OF DEATH (month, day, year) January 7, 1987 | | 9 DATE OF BIRTH (month, day, year) January 26, 1912 | |
| 10 STATE OF BIRTH (If not in U.S.A. name country) Oregon | | 11 CITIZEN OF WHAT COUNTRY U.S.A. | | 12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married | | 13 SPOUSE (IF MARRIED, WIDOWED) Bert A. Walker | | 14 COUNTY OF DEATH Marion | |
| 15 SOCIAL SECURITY NUMBER 542-14-1863 A | | 16 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher | | 17 KIND OF BUSINESS OR INDUSTRY Secondary Education | | 18 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) No | | | |
| 19 RESIDENCE - STATE Oregon | | 20 COUNTY Marion | | 21 CITY, TOWN OR LOCATION Salem | | 22 STREET AND NUMBER OR R.F.D. 2232 42nd Ave SE | | 23 ZIP 97301 | |
| 24 FATHER - NAME first middle last Beers | | 25 MOTHER - first middle last Jost | | 26 INFORMANT - NAME and relationship to deceased Bert A. Walker, husband | | 27 LOCATION city or town Salem, Oregon | | 28 Inside City Limits (specify yes or no) 15c yes | |
| 29 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation | | 30 CEMETERY OR CREMATORY - NAME City View Crematory | | 31 NAME AND ADDRESS OF FACILITY V.T. Golden Mortuary Inc., 605 Commercial St SE Salem, Oregon 97301 | | 32 DATE SIGNED (Mo., Day, Year) January 8, 1987 | | 33 HOUR OF DEATH 7:30 A.M. | |
| 34 FUNERAL SERVICE LICENSEE (Signature) William A. S. Klass | | 35 NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) WILLIAM A. S. KLASSE, MD 1375 N 10th AVE Stayton OREGON 97383 | | 36 DATE RECEIVED BY REGISTRAR (Mo., Day, Year) JAN 13 1987 | | 37 REGISTRAR | | 38 IMMEDIATE CAUSE (a) Enter only one cause per line for (a), (b) and (c) (b) Due to, or as a consequence of: (c) Due to, or as a consequence of: (d) Other significant conditions - Conditions contributing to death but not related to cause given in PART I (a) Cerebellar atrophy, Urinary tract infection | |
| 39 ACCIDENT (Specify Yes or No) No | | 40 DATE OF INJURY (Mo., Day, Year) | | 41 HOUR OF INJURY | | 42 AUTOPSY (Specify Yes or No) No | | 43 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No | |
| 44 INJURY AT WORK (Specify Yes or No) No | | 45 PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 46 DESCRIBE HOW INJURY OCCURRED | | 47 LOCATION | | 48 STREET OR R.F.D. NO. CITY OR TOWN STATE | |
| 49 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | | 50 RESERVED FOR REGISTRAR'S USE | | 51 WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | | | | | |

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 6-86

STATE OF OREGON
COUNTY OF MARIONSEAL
VOID IF ALTERED

DATE JAN 13 1987

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

Atty.
Alan J. Bell, P.C.
Attorney at Law
311 North Third Street
P.O. Box 497
Stayton, Oregon 97383

REGISTRAR OF VITAL STATISTICS

By Deanne Stensrud, Deputy

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of JanuaryA.D., 19 87at 2:31

o'clock

P

M., and duly recorded in Vol. M87on Page 1130Evelyn Biehn,
County Clerk

FEE \$5.00