

87 MAY 4 AM 10 26 CERTIFIED COPY OF DEATH RECORD

74112

A5196

ID TAG NO.

147

Local File Number

ATE - 30934

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

Vol. M87 Page 7472

CERTIFICATE OF DEATH

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

PRECEDENT

DEATH
CURRED IN
SITUATION,
HANDBOOK
REGARDING
COMPLETION OF
DECEASED ITEMS

POSITION

CERTIFIER

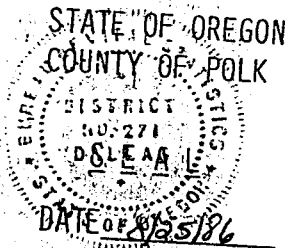
CONDITIONS
IF ANY
HIGH GAVE
RISE TO
IMMEDIATE
CAUSE
ATING THE
DERLYING
USE LAST

USE OF
DEATH

DECEASED - NAME		First		Middle		Last		State File Number	
Raymond		Russell		HAMILTON					
1 RACE White, Black, American Indian, etc. (specify)		3 SEX		4 AGE - Last birthday (years)		5 Under 1 year		2 DATE OF DEATH (month, day, year)	
White		Male		84		Under 1 day		August 24, 1986	
6 CITY, TOWN OR LOCATION OF DEATH		7a HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)		7b Cedarwood Care Center		7c IF HOSP. OR INST. Indicate DOA, OP/Emet. Rm., Inpatient (specify)		6 DATE OF BIRTH (month, day, year)	
Independence						Inpatient		August 23, 1902	
7a STATE OF BIRTH (If not in U.S.A., name country)		9 CITIZEN OF WHAT COUNTRY		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		11 SPOUSE (IF MARRIED, WIDOWED)		7d COUNTY OF DEATH	
Massachusetts		U.S.A.		Married		Doris P.		Polk	
8 SOCIAL SECURITY NUMBER		13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14a		14b KIND OF BUSINESS OR INDUSTRY		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
028-07-0375		Printer				Printing		No	
15a RESIDENCE - STATE		15b COUNTY		15c CITY, TOWN OR LOCATION		15d STREET AND NUMBER OR R.F.D.		ZIP	
Oregon		Polk		Independence		1253 Hemlock Loop		97351	
16 FATHER - NAME first middle last		17 MOTHER - first middle last		18 INFORMANT - NAME and relationship to deceased		19a		19b	
Raymond M. Hamilton		Anne Hamilton Ives		Doris P. Hamilton - Wife					
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)		19b CEMETERY OR CREMATORY - NAME		19c LOCATION		19d		19e	
Cremation		City View Crematory		Salem, Oregon					
20a FURNERAL SERVICE LICENSEE or person acting as such (Signature)		20b NAME AND ADDRESS OF FACILITY		20c		20d		20e	
MO Hamilton		Farnstrom Mortuary, 410 Monmouth St., Independence, OR 97351							
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		21b DATE SIGNED (Mo., Day, Year)		21c HOUR OF DEATH		21d		21e	
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		8-25-86		3:40 A.					
21d John J. Kulus, D.O., 1220 E. Main St., Monmouth, Oregon 97361									
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		22b REGISTRAR		22c		22d		22e	
August 25, 1986		Shirley Sloan							
23 IMMEDIATE CAUSE		23a		23b		23c		23d	
[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]		Cardio pulmonary failure		2 hrs					
(a) DUE TO, OR AS A CONSEQUENCE OF:		C.O.P.D.							
(b) DUE TO, OR AS A CONSEQUENCE OF:									
(c) DUE TO, OR AS A CONSEQUENCE OF:									
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		24		24		24		24	
U.T.I.		No		No		No		No	
25a ACCIDENT (Specify Yes or No)		25b DATE OF INJURY (Mo., Day, Year)		25c HOUR OF INJURY		25d DESCRIBE HOW INJURY OCCURRED		25e WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
No								No	
26a INJURY AT WORK (Specify Yes or No)		26b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26c LOCATION		26d STREET OR R.F.D. NO.		26e CITY OR TOWN	
No									
26f DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		26g		26g		26g		26g	
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>									
RESERVED FOR REGISTRAR'S USE		WAS GIFT MADE?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>					

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 6-86



THIS CERTIFIES THAT THE FOREGOING IS A CORRECT
AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON
FILE WITH THE POLK COUNTY HEALTH DEPARTMENT.

POLK COUNTY REGISTRAR

Shirley Sloan

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Company
of May A.D., 19 87 at 10:26 o'clock A M., and duly recorded in Vol. M87
of Deeds on Page 7472

FEE \$5.00

Evelyn Biehn, County Clerk

By