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Aspen #M-31211

STATE OF OREGON—STATE BOARD OF HEALTH Vol. M87 Page 13901
Vital Statistics Section

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First: FRED. Middle: WARREN Last: POLING
2. DATE OF DEATH (month, day, year): December 13, 1972
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 62
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): July 25, 1910
7a. COUNTY OF DEATH: Multnomah
7b. CITY, TOWN, OR LOCATION OF DEATH: Portland
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): D.O.A. Portland Adventist
8. STATE OF BIRTH (If not in U.S.A., name country): Texas
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Marjorie M.
12. SOCIAL SECURITY NUMBER: 543-50-7871
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Minister
13b. KIND OF BUSINESS OR INDUSTRY: ----
Usual residence where deceased lived. If death occurred in institution, give residence before admission.
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Multnomah
14c. CITY, TOWN, OR LOCATION: Portland
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 5326 S.E. 104th. Avenue
15. FATHER—NAME first middle last: Ernest S. Poling
16. MOTHER—Maiden Name first middle last: Daisy L. Randall
17. INFORMANT—NAME and relationship to deceased: Mrs. Fred W. Poling, Wife

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. Immediate cause (a): Myocardial Infarction — due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
(b): Generalized Atherosclerosis — due to, or as a consequence of:
(c):

Approximate interval between onset and death:

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

19a. AUTOPSY (yes or no): no
19b. IF YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or no): No
20b. DATE OF INJURY (month, day, year):
20c. HOUR:
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
20e. INJURY AT WORK (specify yes or no): No
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify):
20g. LOCATION (street or R.F.D. No., city or town, county, state):

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 5-7-72 TO 7-17-72
And Last Saw Him/Her Alive on: 9-17-72
I Did/Did Not view the body after death (specify): did not
DEATH OCCURRED (hour): 1:47 p.m. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Merrill D. Mathiesen, M.D.
22b. NAME (type or print) degree or Title: Merrill D. Mathiesen, M.D.
22c. DATE SIGNED (month, day, year): 12-18-72
23. MAILING ADDRESS—PHYSICIAN street / city or town / state / zip: 11510 S.E. Stark St. Portland, Oregon 97216

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Lincoln Memorial Park
24c. LOCATION city or town state: Portland, Oregon
24d. DATE (mo., day, year): Dec. 18, 19
25a. FUNERAL DIRECTOR—SIGNATURE: Eugene E. Jacobson
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Jacobson-Cascade Funeral Home, Portland, Oregon
26a. REGISTRAR—SIGNATURE: A B Ford
26b. DATE RECEIVED BY LOCAL REGISTRAR: DEC 20 1972
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE:

VS-2 R-69

Return To: Marjorie M. Poling
14333 South Hollycrest Lane
Oregon City, OR 97045

STATE OF OREGON)
COUNTY OF MULTNOMAH)

Date DEC 22 1972

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

(Seal)

A B Ford
Registrar of Vital Statistics
By Audrey Fischer
Deputy Registrar of Vital Statistics

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Company the 4th day of August A.D., 19 87 at 10:47 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 13901.

FEE $5.00

Evelyn Biehn, County Clerk
By