78842 '87 SEP 2 PM 1 50

B-4238
ID TAG NO.

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

Vol M87 Page 15930

CERTIFICATE OF DEATH
ORS — 146

Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED — NAME: First: Fay	Middle: Lois	Last: CRUDS		2 DATE OF DEATH (month, day, year): July 20, 1987	
3 RACE White, Black, American Indian, etc. (specify): White	4 SEX: Female	5a AGE — Last birthday (years): 58	Under 1 day: 5b mos. / days	Under 1 day: 5c hours / min.	6 DATE OF BIRTH (month, day, year): January 5, 1929
7a CITY, TOWN OR LOCATION OF DEATH: Portland	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 7112 North Portsmouth Avenue	7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): —	7d COUNTY OF DEATH: Multnomah		
8 STATE OF BIRTH (If not in U.S.A., name country): Oregon	9 CITIZEN OF WHAT COUNTRY: U. S. A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): David	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No	
13 SOCIAL SECURITY NUMBER: 542-30-1019	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Word Processor 3/5 285	14b KIND OF BUSINESS OR INDUSTRY: University of Portland			
15a RESIDENCE — STATE: Oregon	15b COUNTY: Multnomah	15c CITY, TOWN OR LOCATION: Portland	15d STREET AND NUMBER OR R.F.D.: 7112 N. Portsmouth Ave. ZIP 97203 40.02	Inside City Limits (specify yes or no) 15e Yes	
16 FATHER — NAME first middle last: Maxwell - Fessant	17 MOTHER — first middle last (Maiden Name): Fay - Dobson	18 INFORMANT — NAME and relationship to deceased: David Richards, Husband			

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation	19b CEMETERY OR CREMATORY — NAME: Lincoln Crematory	19c LOCATION city or town state: Portland, Oregon	
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Richard Nanwell	20b NAME AND ADDRESS OF FACILITY: Skyline Funeral Home 4101 NW Skyline Blvd. Portland, Or 97229		

CERTIFIER

MEDICAL EXAMINER

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21a DEATH OCCURRED (Hour): 1:15AM	21b THE DECEASED WAS PRONOUNCED DEAD (Month, Day, Year, Hour): July 20, 1987 1:15 A M	21c FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐	
21d CERTIFIER (Signature): Larry V. Lewman M.D.		21e NAME AND TITLE — (Type or Print): LARRY V. LEWMAN, M. D.	
21f MEDICAL EXAMINER For STATE OF OREGON County		21g DATE SIGNED (Month, Day, Year): July 20, 1987	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): JUL 23 1987	22b REGISTRAR (Signature): Arthur W. Bloom		

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)		
PART I (a) ARTERIOSCLEROTIC HEART DISEASE		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (b)		Interval between onset and death
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) DIABETES MELLITUS		AUTOPSY (Specify Yes or No) 24 NO

DATE OF INJURY (Month, Day, Year) 25a	HOUR 25b	HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23) 25c	
INJ. AT WORK (Specify Yes or No) 25d	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e	LOCATION (Street or R.F.D. No., City or Town, County, State) 25f	

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☒

WAS GIFT MADE? YES ☐ NO ☐ N/A ☒

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON
COUNTY OF MULTNOMAH

45-107 Rev. 6-86

ORIGINAL—VITAL STATISTICS COPY JUL 24 1987

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

SEAL

Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

CS-82/615

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of David Richards the 2nd day of September A.D., 19 87 at 1:56 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 15930.

FEE $5.00

Evelyn Biehn, County Clerk
By

Ret: David Richards 7112 N. Portsmouth Ave., Portland, Oregon 97203