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07 SEP 2 1987

B-4235

ID TAG NO.

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Record Unit

Vol. 187 Page 15930

CERTIFICATE OF DEATH
ORS - 146

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

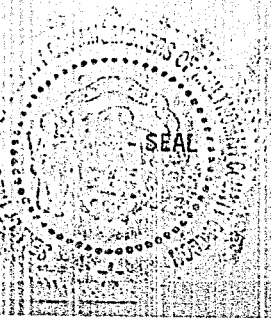
Local File Number

DECEASED - NAME		First	Middle	Last	DATE OF DEATH (month, day, year)
Fay		Lois			2 July 20, 1987
RACE White, Black, American Indian, etc. (specify)		SEX	AGE - Last birthday (years)	Under 1 day	DATE OF BIRTH (month, day, year)
3 White		4 Female	5 58	5b mos. 5c hours 5d min.	6 January 5, 1929
CITY, TOWN OR LOCATION OF DEATH		ADDRESS (If not in U.S., give street and number)		IF HOSP. OR INST. Indicate OOA, OP/Emar. Rm., Inpatient (specify)	COUNTY OF DEATH
7a Portland		7b 7112 North Portsmouth Avenue		7c	7d Multnomah
STATE OF BIRTH (If not in U.S., name country)		CITY OF THAT COUNTRY	MARRIED, NEVER MARRIED, DIVORCED, DIVORCED (specify)	SPOUSE (If married, widowed)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)
8 Oregon		9 U. S. A.	10 Married	11 David	12 No
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		KIND OF BUSINESS OR INDUSTRY	
13 542-30-1019		14a Word Processor		14b University of Portland	
RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER OR R.F.D.	ZIP
15a Oregon		15b Multnomah	15c Portland	15d 7112 N. Portsmouth Ave.	15e 97203
FATHER - NAME first middle last		MOTHER - first middle last		INFORMANT - NAME and relationship to decedent	
16 Maxwell - Pessant		17 Fay - Dobson		18 David Richards, Husband	
BURIAL, CREMATION, REMOVAL, NAU, (specify)		CEMETERY OR CREMATORY - NAME		LOCATION city or town state	
19a Cremation		19b Lincoln Crematory		19c Portland, Oregon	
FUNERAL SERVICE LICENSEE or person in charge (Signature)		NAME AND ADDRESS OF FACILITY			
20a		20b Skyline Funeral Home 4101 NW Skyline Blvd. Portland, Or 97229			
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:					
DEATH OCCURRED (Hour)		THE DECEASED WAS PRONOUNCED DEAD		FROM:	
21a 1:15AM		21b July 20, 1987		21c NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐	
21d		21e		21f HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐	
21g		21h		21i NAME AND TITLE - (Type or Print)	
21j		21k		21l LARRY V. LEWMAN, M. D.	
21m		21n		21o DATE SIGNED (Month, Day, Year)	
21p		21q		21r July 20, 1987	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR		21s (Signature)	
21t JUL 23 1987		21u		21v	
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
(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)					AUTOPSY (Specify Yes or No)
24 DIABETES MELLITUS					24 NO
DATE OF INJURY (Month, Day, Year)		HOUR	HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)		
25a		25b	25c		
25d INJ. AT WORK (Specify Yes or No)		25e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		25f LOCATION (Street or R.F.D. No., City or Town, County, State)	
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					

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.



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 Blehn, County Clerk
By [Signature]

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