OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

79042

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

85-012562

CERTIFICATE OF DEATH

Local File Number: 1078

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

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DECEDENT

1. DECEASED—NAME: First: William; Middle: J.; Last: Lensman
2. DATE OF DEATH (month, day, year): July 9, 1985
3. RACE (White, Black, American Indian, etc.): White
4. SEX: Male
5a. AGE—Last Birthday (years): 76
5b. Under 1 year: months
5c. Under 1 day: hours / minutes
6. DATE OF BIRTH (month, day, year): April 14, 1909
7a. CITY, TOWN, OR LOCATION OF DEATH: Stayton
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Santiam Memorial Hospital
7c. If HOSP or NH: Indicate DOA or Emergency Room Inpatient: DOA
7d. COUNTY OF DEATH: Marion
8. STATE OF BIRTH (If not in U.S.A. name country): Iowa
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (If married, widowed, or divorced): Leona
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): no
13. SOCIAL SECURITY NUMBER: 541-42-4597
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if not recently): Farmer
14b. KIND OF BUSINESS OR INDUSTRY: Farming 473010
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Marion
15c. CITY, TOWN, OR LOCATION: Stayton
15d. STREET AND NUMBER: 217 N. Gardner Street
15e. ZIP: 97383
15f. Inside City Limits? (Specify Yes or No): yes
16. FATHER—NAME (First, middle, last): William Koenig
17. MOTHER—NAME (First, middle, last, Maiden Name): Louis Schwerin
18. INFORMANT—NAME and relationship to deceased: Leona Lensman-Wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, BURIAL AT SEA (Specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Lone Oak Cemetery
19c. LOCATION (City or town, state): Stayton, Oregon
20a. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Clyde Freeman
20b. NAME AND ADDRESS OF FACILITY: Weddle Funeral Home Inc. 1777 Third Ave. Stayton, Ore.

CERTIFIER

To be completed by certifying physician only.

21a. I ATTEST THAT I LAST SAW THE DECEASED ALIVE ON (Date and hour): DATE SIGNED: 7-15-85; HOUR OF DEATH: 1:00 P.M.
21a. (Signature): Bert T. Pribnow
21b. NAME AND ADDRESS OF CERTIFIER (Type or Print): BERT T. PRIBNOW MD 2400 LANCASTER DR. NE SALEM, OREGON 97305
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): TOM BRISTOL MD — SAME ADDRESS
22a. DATE RECEIVED BY REGISTRAR (Mo. Day Yr.): JUL 18 1985
22b. REGISTRAR (Signature): Virginia D. McKinney

CAUSE OF DEATH

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Ventricular fibrillation, cardiac arrest — Interval between onset and death: Immediate
DUE TO, OR AS A CONSEQUENCE OF
(b) Coronary artery disease — Interval between onset and death: years
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Pacemaker implantation
24. AUTOPSY (Specify Yes or No): no
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): yes

26a. ACCIDENT (Specify Yes or No): NO
26b. DATE OF INJURY (Mo. Day Yr.):
26c. HOUR OF INJURY:
26d. DESCRIBE HOW INJURY OCCURRED:
26e. INJURY AT WORK (Specify Yes or No): NO
26f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
26g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE:

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED AUG 05 1987

JOSEPH D. CARNEY
STATE REGISTRAR

ALTERATION OR ERASE TO VOID THIS CERTIFICATE

'87 SEP 3 PM 3 04

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Regional Investment Mortgage Services the 8th day of September A.D., 19 87 at 3:04 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 16298.

Evelyn Biehn, County Clerk

By _____

FEE $5.00

Ret: Regional Investment Mortgage Services Box 13850, Salem, Oregon 97309