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CERTIFIED COPY OF DEATH RECORD

VOL 436 PAGE 209

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ID TAG NO.
31

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vol. M87 Page 17954

Vital Records Unit
CERTIFICATE OF DEATH

State File Number

TYPE
PRINT
IN
PERMANENT
BLACK
INK
FOR
RECORDS
SEE
NOBOOK

DECEASED

DEATH
RECORD
IN
TUTION,
HARDBOOK
RECORDING
RELATION OF
ONCE ITEMS

POSITION

1

2

3

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
USE TO
IMMEDIATE
CAUSE
DURING THE
DECEASED
USE LAST

USE OF
DEATH

DECEASED — NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1 William		0.		BILYEU				2 January 7, 1987	
3 RACE White, Black, American Indian, etc. (specify)		4 SEX Male		5a AGE — Last birthday (years) 53		5b Under 1 year mos. days		5c Under 1 day hours min.	
6 CITY, TOWN OR LOCATION OF DEATH 7a Salem		7b HOSPITAL OR OTHER INSTITUTION — NAME (if not in either, give street and number) Salem Memorial Hospital		7c IF HOSP. OR INST. Indicate DOA OP/Emr. Rm., Inpatient (specify) Inpatient		7d COUNTY OF DEATH Marion		7e WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) Yes	
8 STATE OF BIRTH (if not in U.S., name country) Oregon		9 CITIZEN OF WHAT COUNTRY USA		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11 SPOUSE (IF MARRIED, WIDOWED) Louise		12 KIND OF BUSINESS OR INDUSTRY Veneer Plant	
13 SOCIAL SECURITY NUMBER 543-32-5860		14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Panel Patcher		14b STREET AND NUMBER OR R.F.D. ZIP 43504 Highway 226 97383		15a Inside City Limits (specify yes or no) No			
15a RESIDENCE — STATE Oregon		15b COUNTY Linn		15c CITY, TOWN OR LOCATION Stayton		15d (Maiden Name) INFORMANT — NAME and relationship to deceased Louise Bilyeu-Wife		15e LOCATION city or town state Scio, Oregon	
16 FATHER — NAME first middle last Orval Bilyeu		17 MOTHER — first middle last Dorothy Freetag		18 Louise Bilyeu-Wife					
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		19b CEMETERY OR CREMATORY — NAME Bilyeu Den Cemetery		19c NAME AND ADDRESS OF FACILITY Weddle Funeral Home Inc. P.O. Box 456, Stayton, Ore		20a DATE SIGNED (Mo., Day, Year) 1-9-87		20b HOUR OF DEATH 5:30 P.M.	
21a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) THOMAS J. SIMS, M.D., P.C., 1377 N. 10th Avenue, Stayton, Or		21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21c DATE RECEIVED BY REGISTRAR (Mo., Day, Year) JAN 12 1987		21d REGISTRAR 22b (Signature) Dianne Alms		21e INTERVAL BETWEEN ONSET AND DEATH	
22a IMMEDIATE CAUSE (a) Cardiac Resp Arrest		22b DUE TO, OR AS A CONSEQUENCE OF, (b) Myocardial Infarction of the lung		22c DUE TO, OR AS A CONSEQUENCE OF, (c) OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)		23 AUTOPSY (Specify Yes or No) No		24 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
25 ACCIDENT (Specify Yes or No)		26a DATE OF INJURY (Mo., Day, Year)		26b HOUR OF INJURY		26c DESCRIBE HOW INJURY OCCURRED		26d LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
26e INJURY AT WORK (Specify Yes or No)		26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		26g		26h DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES NO N/A		26i WAS GIFT MADE? YES NO N/A	
26j RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 1-66

STATE OF OREGON
COUNTY OF MARION

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

REGISTRAR OF VITAL STATISTICS

By Virginia A. McHenry, Deputy

DATE FEB 26 1987

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ 2nd day
of October A.D., 19 87 at 12:30 o'clock P.M., and duly recorded in Vol. M87
of Deeds on Page 17954

Evelyn Biehn, County Clerk
By _____

FEE \$5.00

Ret: Edward W. Albus

340 Crest St., Sp. 51 Sublimity, Oregon 97385