

87202

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED—NAME 1 ROBERT WILLIAM ORMSBY			DATE OF DEATH (month, day, year) 2 June 20 1980		
RACE White, Black, American Indian, etc. (specify) 3 White			AGE—Last birthday (years) 4 81		
SEX 5 male			DATE OF BIRTH (month, day, year) 6 September 19 1898		
COUNTY OF DEATH 7a Multnomah			CITY, TOWN OR LOCATION OF DEATH 7b Gresham		
HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7c Gresham hospital			IF HOSP. OR INST. indicate DOA, OP, EMP., P., or PATIENT (Specify) 7d D.O.A.		
STATE OF BIRTH (if not in U.S.A., name country) 8 Colorado			CITIZEN OF WHAT COUNTRY 9 U.S.A.		
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married			SPOUSE (IF MARRIED, WIDOWED) 11 Frances A.		
SOCIAL SECURITY NUMBER 13 541-10-0075			KIND OF BUSINESS OR INDUSTRY 14b Livestock Industry		
USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Meat Cutter			INSIDE CITY LIMITS (specify yes or no) 15e yes		
RESIDENCE—STATE 15a Oregon			CITY, TOWN, OR LOCATION 15c Sandy		
STREET AND NUMBER OR R.F.D., ZIP 15d 16965 Fir Drive 97055			FATHER—NAME first middle last 16 Robert M. Ormsby		
MOTHER—Maiden Name first middle last 17 Minnie Donnell			INFORMANT—NAME and relationship to deceased 18 Frances A. Ormsby - wife		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Mausoleum			CEMETERY OR CREMATORY—NAME 19b Forest Lawn Cemetery		
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) 20a Butler Jensen			NAME AND ADDRESS OF FACILITY 20b Bateman Funeral Chapel 520 W. Powell Gresham, Oregon 97030		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) Robert Lee, D.O.			DATE SIGNED (Mo., Day, Yr.) 21b 6/26/80		
CERTIFIER—NAME AND TITLE (Type or Print) 21d Robert Lee, D.O. - 38872 Proctor Blvd., Sandy, Oregon 97055			HOUR OF DEATH 21c 11:20 A. M		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e			MAILING ADDRESS (Street, city or town, state, zip)		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a JUN 30 1980			REGISTRAR 22b (Signature) [Signature]		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Cardiac Failure Interval between onset and death minutes					
(b) Arteriosclerotic Heart Disease Interval between onset and death years					
(c)					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) (Specify Yes or No) Recent Pericarditis and anemia 24 NO WAS CASE REFERRED TO MEDICAL EXAMINER: 25 (Specify Yes or No) NO					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
26a		26b		26c	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		LOCATION	
26e		26f		26g	

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON
COUNTY OF MULTNOMAH

Date **JUL 1 1980**

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.

James J. McAllister
REGISTRAR OF VITAL STATISTICS

VERNON L. RICHARDS
ATTORNEY AT LAW
P.O. BOX 427
SANDY, OREGON 97055

80 25308

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Vernon L. Richards

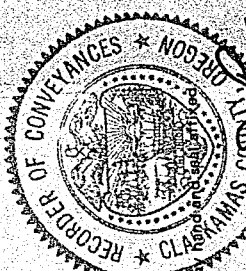
on this **11th** day of **May** A.D., 19 **88**
at **12:57** o'clock **P.**M. and duly recorded
in Vol. **M88** of **Deeds** Page **7390**
Evelyn Biehn County Clerk

By **Bernetha A. Deloach** Deputy.

Fee, \$5.00

STATE OF OREGON) ss.
County of Clackamas)
I, George D. Poppen, County Clerk, Ex-Officio
Recorder of Conveyances and Ex-Officio Clerk
of the Circuit Court of the State of Oregon, for
the County of Clackamas, do hereby certify that
the within instrument of writing was received for
and recorded in the records of said county at

80 JUL 9 P 3:14



Witness my hand and the seal of said County Clerk
George D. Poppen
County Clerk
Recording Certificate
CCP-R4

80 25308