87269 MTC-19673 P

Vol. M88 Page 7495

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

CERTIFICATE OF DEATH

ORS – 146

188 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: Albert	MIDDLE: Lawrence	LAST: BROOKS	2. DATE OF DEATH (MONTH, DAY, YEAR): SEPTEMBER 21, 1985	
3. RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): White	4. SEX: MALE	5A. AGE—LAST BIRTHDAY (YEARS): 49	UNDER 1 YEAR: MOS. / DAYS; UNDER 1 DAY: HOURS / MIN. (5B, 5C)	6. DATE OF BIRTH (MONTH, DAY, YEAR): MARCH 07, 1936
7A. CITY, TOWN, OR LOCATION OF DEATH: The Dalles	7B. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): Mid-Columbia Medical Center	7C. IF HOSP. OR INST., INDICATE DOA, OPIEMER, R/L, INPATIENT (SPECIFY): EMER RM	7D. COUNTY OF DEATH: Wasco	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Oregon	9. CITIZEN OF WHAT COUNTRY: United States	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED	11. SPOUSE (IF MARRIED, WIDOWED): Laura	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): NO
13. SOCIAL SECURITY NUMBER: 541-36-6656	14A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Mechanic	14B. KIND OF BUSINESS OR INDUSTRY: Diesel		
15A. RESIDENCE—STATE: Oregon	15B. COUNTY: Multnomah	15C. CITY, TOWN, OR LOCATION: Portland	15D. STREET AND NUMBER OR R.F.D. ZIP: 3907 S.E. 136th 97236	15E. INSIDE CITY LIMITS? (SPECIFY YES OR NO): NO
16. FATHER—NAME FIRST MIDDLE LAST: James A. Brooks	17. MOTHER—FIRST MIDDLE LAST (MAIDEN NAME): Lillie V. Bebb	18. INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Laura N. Brooks SPOUSE		

DISPOSITION

19A. BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY): CREMATION	19B. CEMETERY OR CREMATORY—NAME: Columbia Crematory	19C. LOCATION—CITY OR TOWN, STATE: Gresham, Oregon
20A. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: [signature]	20B. NAME AND ADDRESS OF FACILITY: Bateman Funeral Chapel, Inc. P O Box 407 Gresham, Oregon 97030	

CERTIFIER — 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): 21:08 PM	THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): 9 21 85 21:08 P.M.	FROM: NATURAL CAUSES [X]	ACCIDENT [ ]	SUICIDE [ ]
21A	21B	21C	HOMICIDE [ ]	UNDETERMINED [ ]
				PENDING [ ]

CERTIFIER — MEDICAL EXAMINER

21D. CERTIFIER—SIGNATURE: Peter A. Peruzzo	21E. NAME—(TYPE OR PRINT): Peter A. Peruzzo M.D.	DEGREE OR TITLE
21F. MEDICAL EXAMINER FOR: Wasco COUNTY	21G. DATE SIGNED (MONTH, DAY, YEAR): 9-28-85	

22A. DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): October 1, 1985	22B. REGISTRAR (SIGNATURE): Cheryl A. Framontina, deputy

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)		AUTOPSY (SPECIFY YES OR NO): YES

25A. DATE OF INJURY (MONTH, DAY, YEAR)	25B. HOUR	25C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)	
25D. INJ. AT WORK (SPECIFY YES OR NO)	25E. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	25F. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-107 REV. 12-83

'88 MAY 13 AM 11 08

STATE OF OREGON)
County of Wasco)

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Wasco-Sherman County Department of Health.

(seal)

Carla Chamberlain
REGISTRAR VITAL STATISTICS

By Cheryl A. Framontina, deputy
Date October 16, 1985

VOID IF ALTERED
NOT VALID WITHOUT RAISED SEAL OF WASCO COUNTY BOARD OF HEALTH

after recording return to - Laura Yarnell
6112 SE Flatrop, Space #22
Central Point, OR 97502

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 13th day of May A.D., 19 88 at 11:08 o'clock A M., and duly recorded in Vol. M88, of Deeds on Page 7495.

FEE $5.00

Evelyn Biehn County Clerk
By Bernetha D. Kelsch