

MTL-20055

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: Morgan Middle: T. Last: JOHNSON		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) January 2, 1988		
4. SOCIAL SECURITY NUMBER 541-09-9511		5a. AGE - Last Birthday (Years) 75	5b. UNDER 1 YEAR Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Warren, Minnesota	7. DATE OF BIRTH (Month, Day, Year) February 27, 1912
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Meridian Park Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Tualatin		9d. COUNTY OF DEATH Clackamas	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Retail Food Manager		10b. KIND OF BUSINESS/INDUSTRY Retail Food Sales		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Harriett		13a. RESIDENCE - STATE Oregon		13b. COUNTY Washington	
13c. CITY, TOWN, OR LOCATION King City		13d. STREET AND NUMBER 15720 SW Monaco Lane			
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97224		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12			
17. FATHER - NAME - first middle last Christian Johnson		18. MOTHER - NAME - first middle maiden Inga Aaro		19. INFORMANT - NAME and relationship to decedent Harriett Johnson, wife	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Young's Crematory		20c. LOCATION - City or Town, State Tigard, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Robert B. Cafferly		21b. LICENSE NUMBER (Of Licensee) 47 3482		22. NAME, ADDRESS AND ZIP OF FACILITY Young's Funeral Home 11831 SW Pacific Hwy Tigard OR 97223	
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
23. TIME OF DEATH 7:55 a.m.		24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) John R. Sandilands		26. DATE SIGNED (Month, Day, Year) 1-6-88		27a. TIME OF DEATH M	
27b. DATE PRONOUNCED DEAD (Month, Day, Year) M		28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)		29. DATE SIGNED (Month, Day, Year) COUNTY	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John R. Sandilands, M.D. 6464 SW Borland Rd. Suite 2-C Tualatin, OR 97062					
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.					
PART I (a) Terminal Shock and Hypothermia					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Upper Intestinal hemorrhage due to Aortic					
DUE TO, OR AS A CONSEQUENCE OF:					
Aortic aneurysm fistula and surgery for this					
Atherosclerosis of Aorta					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)					
33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
34. If YES were findings considered in determining cause of death?					
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined Manner					
36a. DATE OF INJURY (Month, Day, Year)					
36b. TIME OF INJURY					
36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36d. DESCRIBE HOW INJURY OCCURRED					
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)					
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
37. REGISTRAR'S SIGNATURE Thomas M. Troxel					
38. DATE FILED (Month, Day, Year) JAN 7 1988					
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					
40. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					
RESERVED FOR REGISTRAR'S USE					

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-88

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR.

JAN 7 1988

DATE ISSUED

Thomas M. Troxel
THOMAS M. TROXEL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 20th day of July A.D., 19 88 at 11:13 o'clock A. M., and duly recorded in Vol. M88 of Deeds on Page 11504

FEE \$8.00

Evelyn Biehn County Clerk

By Denise Mullens