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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

120 (Local File Number)

# CERTIFICATE OF DEATH

'77-008374 (State File Number)

DECEASED—NAME: 1. First: Anna Middle: Myrtle Last: Vedenoff

DATE OF DEATH (month, day, year): 2. May 6, 1977

RACE (White, Negro, American Indian, etc. (specify)): 3a. White

SEX: 4. Female

AGE—Last birthday (years): 5a. 64

Under 1 year: mos. 5b. / days

Under 1 day: hours 5c. / min.

DATE OF BIRTH (month, day, year): 6. November 2, 1912

COUNTY OF DEATH: 7a. Yamhill

CITY, TOWN, OR LOCATION OF DEATH: 7b. Newberg

Inside City Limits (specify yes or no): 7c. Yes

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7d. Newberg Community Hospital

STATE OF BIRTH (If not in U.S.A., name country): 8a. Missouri

CITIZEN OF WHAT COUNTRY: 9. U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10. Married

NAME OF SPOUSE: 11. William Vedenoff

SOCIAL SECURITY NUMBER: 12. 514-12-6418

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 13a. Bookkeeper

KIND OF BUSINESS OR INDUSTRY: 13b. Retired

RESIDENCE—STATE: 14a. Oregon

COUNTY: 14b. Yamhill

CITY, TOWN, OR LOCATION: 14c. Dundee

Inside City Limits (specify yes or no): 14d. Yes

STREET AND NUMBER OR R.F.D.: 14e. 1441 SW Charles

FATHER—NAME (first, middle, last): 15. Hal N. Heflin

MOTHER—Maiden Name (first, middle, last): 16. Thurman, Frances Hefli

INFORMANT—NAME and relationship to deceased: 17. William Vedenoff, husband

PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).

Immediate cause: (a) Congestive Heart Failure Pulmonary Edema 22h

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last: (b) due to, or as a consequence of: Acute Myocardial Infarction

(c) due to, or as a consequence of:

Approximate interval between onset and death

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a).

ACCIDENT (Specify yes or no): 18a. No

DATE OF INJURY (month, day, year): 18b.

HOUR: 18c.

AUTOPSY (yes or no): 19a. no

IF YES were findings considered in determining cause of death: 19b

HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): 18d.

INJURY AT WORK (specify yes or no): 20a.

PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): 20f.

LOCATION (street or R.F.D. No., city or town, county, state): 20g.

CERTIFICATION—PHYSICIAN: I attended the deceased from (month, day, year): 4/4/77

to (month, day, year): 5/6/77

And Last Saw Alive on: (month, day, year): 5/6/77

I Did/Did Not View the Body after Death (specify): Did

DEATH OCCURRED (hour): 1845 P. M.

at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

SIGNATURE—PHYSICIAN: Stanley D. Nernl

NAME (type or print): Stanley D. Nernl MD

degree or title

DATE SIGNED (month, day, year): 22c.

MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 221 Villa Road, Newberg, Oregon 97132

BURIAL, CREMATION, REMOVAL, BOAT (specify): 24a. Burial

CEMETERY OR CREMATORY—NAME: 24b. Valley View Memorial Park

LOCATION (city or town, state): 24c. Newberg, Oregon

DATE (mo., day, year): 24d. 10-10-77

FUNERAL DIRECTOR—SIGNATURE: Leonard D. Attrell

FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): 25b. Attrell's Newberg Funeral Chapel, 207 Villa Road, Newberg, Ore.

REGISTRAR—SIGNATURE: 26a. Jessie M. Damell

DATE RECEIVED BY LOCAL REGISTRAR: 26b. May 16 1977

DATE RECEIVED BY STATE REGISTRAR: 27. MAY 24 1977

RECEIVED FOR REGISTRAR'S USE: 28.

VS-2 8-69

STATE OF OREGON, COUNTY OF MULTNOMAH) ss.

DATE ISSUED: OCT 13 1978

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

DESCHUTES COUNTY TITLE CO.
P. O. BOX 323
BEND, OREGON 97701

STATE REGISTRAR

Marian C. Haun

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

18451

RETURN: SWIFT & SWIFT, ATTORNEYS
210 S. COLLEGE ST.
NEWBERG, OR 97132

ATTN: JO MC INTYRE

POOR ORIGINAL FOR MICROFILMING

32811

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STATE OF OREGON
County of Deschutes
I hereby certify that the within instrument of writing was received for Record the 1 day of June A.D. 19 79 at 3:39 o'clock P M., and recorded in Book 300 on Page 233 Records of Deeds
ROSEMARY PATTERSON
County Clerk
By Rhonda Lantz Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 31st day of Oct. A.D., 19 88 at 3:44 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 18450.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $13.00