

34939  
I.D. TAG NO.OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit

## CERTIFICATE OF DEATH

136-

Local File Number MT-136-1586

State File Number

1. DECEDENT'S NAME First: <b>LeRoy</b> Middle: <b>Franklin</b> Last: <b>SMITH</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>May 11, 1988</b>
4. SOCIAL SECURITY NUMBER <b>564-44-6758</b>		5a. AGE - Last Birthday (Years) <b>53</b>	5b. UNDER 1 YEAR Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) <b>Oakland, California</b>		7. DATE OF BIRTH (Month, Day, Year) <b>November 27, 1934</b>	
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 checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <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) <b>Good Samaritan Hospital</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Portland</b>	
9d. COUNTY OF DEATH <b>Multnomah</b>		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Electrician</b>	
10b. KIND OF BUSINESS/INDUSTRY <b>Electrical Contractor</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Divorced</b>	
12. SPOUSE (If Married, Widowed) <b>-</b>		13a. RESIDENCE - STATE <b>Oregon</b>	
13b. COUNTY <b>Hood River</b>		13c. CITY, TOWN, OR LOCATION <b>Hood River</b>	
13d. STREET AND NUMBER <b>12 Oak St. #6</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>2</b>	
17. FATHER - NAME first middle last <b>Charles LeRoy Smith</b>		18. MOTHER - NAME first middle maiden <b>Wilma Smith</b>	
19. INFORMATION - Name and relationship to decedent <b>Franklin Smith (Son)</b>		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) <b>Pine Grove Cemetery</b>		20c. LOCATION - City or Town, State <b>Hood River, Oregon</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>John H. Cox</i>		21b. LICENSE NUMBER (Of Licensee) <b>3097</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>Anderson Funeral Home 14th &amp; Belmont, Hood River, OR 97031</b>		23. TIME OF DEATH <b>9:35 A.</b>	
24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) STATED. (Signature) <i>Michael N Hartnett</i>	
26. DATE SIGNED (Month, Day, Year) <b>MAY 16, 1988</b>		27a. TIME OF DEATH <b>M</b>	
27b. DATE PRONOUNCED DEAD (Month, Day, Year) <b>M</b>		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) <b>Michael N. Hartnett, M.D. 2222 N. W. Lovejoy, Suite 611 Portland, OR 97267</b>			
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) <b>Respiratory Arrest</b> DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death <b>Immediate</b>	
(b) <b>Lymphoma of the Brain Stem</b> DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death <b>5 weeks</b>	
(c) <b>ESSTEIN BARR VIRUS INFECTION</b> DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death <b>Unknown</b>	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) <b>Chronic Immunosuppression SIP Renal Transplant</b>			
33. 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		34. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35a. DATE OF INJURY (Month, Day, Year) <b>None</b>		35b. TIME OF INJURY <b>M</b>	
35c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35d. DESCRIBE HOW INJURY OCCURRED	
35e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>None</b>		35f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
37. REGISTRAR'S SIGNATURE <i>Arthur W. Bloom</i>		38. DATE FILED (Month, Day, Year) <b>MAY 23 1988</b>	
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
RESERVED FOR REGISTRAR'S USE			

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MAY 23 1988

DATE ISSUED

Return: Valerie Bakke  
40 Ramona Tubbe  
2972 So 64th St  
Suite A  
Klamath Falls  
Arthur W. Bloom  
COUNTY REGISTRAR 97003  
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co.  
of Nov. A.D., 19 88 at 4:02 o'clock P.M., and duly recorded in Vol. M88  
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FEE \$8.00  
Evelyn Biehn County Clerk  
By Paulene Nielsen