23

789 FEB 27

r CC845

3815 S.E. 5th, Gresham, Or. 97080

Vital Records Unit

Vol. mr9 Page 3452 STATE OF OREGON OREGON STATE HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES

	mber					File Number	
CEASED-NAME	First	Middle	Last			TH (month, day, year	
	Eugene 1 sex	D racy AGE—Last birthday	SCHWAB Under 1 year	Under 1 day		e 10, 1984 NH (month, day, year)	
CE White, Black, American Indian (specify)	Male	(years) 67	mos days	hours min		24, 1916	
White	14	5a R OTHER INSTITUTION—NAM	50 1	5c   TIE HOSP OR INS	T Indicate DOA.	COUNTY OF DEA	тн
, TOWN OR LOCATION OF DE	(If not in eithe	er, give street and number)		OP/Emer , Rm , to	patient [Specify]	C1 I	
Clackamas TE OF BIATH (If not in USA	75 SURDY	yside Medical Co	ED MARRIED   SPO	7c Inpat		7d Clackan	EVER IN U.S.
TE OF BIRTH (If not in U.S.A e country)			/ORCED (specify)		,	ARMED FORCES	? [Specify Yes or Ac
South Dakota	9 USA	10 Marri		AVIS KIND OF BUSI	NESS OR INDU	12 Yes	
IAL SECURITY NUMBER	of working	life, even if retired)	One comp these	_			
503 09 6378		. Truck Driver	ION STREET AN	D NUMBER OR F	king		Inside City Lim
SIDENCE-STATE	COUNTY						(specify yes or
Oregon	150 Multnoma		last (Maiden Name)	5 SE 5th	97030	ionship to deceased	15e yes
HER NAME test m A. John Schwal	1	Mary E. Dracy	last (Marcer Harre)		Schwab,		
1,49	CEMETERY OR CRE	7		18	LOCATION	city or town	state
RIAL, CREMATION, MOVAL, MAUS. (Specify)							
Burial		Memorial Garden			119c POTE	land, Orec	lou
MERAL SERVICE LICENSEE O	/ Person Acting As South	Skyline Fune		101 NW S	cvline B	v Portla	ind, OR.
To the best of my knowleds		200		[MU, Day Yr]		HOUR OF DEATH	
due to the cause(s) stateo	ge beath occurred at the t	7 Sine date and prace and	210 6	1	984	2025	
21a [Signature] \$ NAME AND ADDRESS OF	TOTOTICE OF THE PARTY OF	32-1	216 45	15	- 0	21c	м
<b>₽</b>		• /				07015	
21d Charles	Zerzan M.D.	10180 S.E. Sunt N CERTIFIER [Type or Print]	<u>nyside Ka. L</u>	Lackamas.	,_uregon	_9./015	<del></del>
NAME OF ATTENDING FF	TISICIAN IP OTTICK TIPE	it Certificately, per or the same	^				
21e TE RECEIVED BY REGISTRAF	D.(14), (2), (2)	REGISTRAR	-//		<del> </del>		
TE RECEIVED BY REGISTRAN	HIM A E 400Å		TOMIN !	mes			
<u>a</u>	10N 1 5 1964	22b [Signature] V	as it is and	<u>v</u>		Interval between	en onset and dea
IMMEDIATE CAUSE	[ENTER (	ONLY ONE CAUSE PER LINE FO	UH (8), (D), ANU ICAP				
DUE TO, OR AS A CONSEQU	101.7000	medial into	-cr.on		·	Interval between	en onset and dea
DUE TO OR AS A CONSECU	JENCE OF.	W D V	1 - 0				
10 Flateria	30 2	11000 11				1	· .
(U)	ITUES OF	- 1	· 5			Interval between	en onset and dea
DUE TO, OR AS A CONSEQU	JENCE OF		. <u> </u>			Interval between	en onset and dea
(c)		nrun tron to death but not related	1 to cause given in PART	I (a) AUTOPS	Y [Specify Yes	WAS MEDICAL EX	CAMINER NOTIFI
(c)		ntributing to death but not related	to cause given in PART	1.0		WAS MEDICAL EX (Specify Yes or No	CAMINER NOTIFI
(C) TOTHER SIGNIFICANT COM	NDITIONS—Conditions co		I to cause given in PART	24	No	WAS MEDICAL EX	CAMINER NOTIFI
(C)  OTHER SIGNIFICANT COR  CCIDENT [Specify Yes or Ap]	NDITIONS—Conditions co	ay, Yr.] HOUR OF INJURY	DESCRIBE HOW II	24	No	WAS MEDICAL EX (Specify Yes or No	CAMINER NOTIFI
(C)  RT OTHER SIGNIFICANT COR  CCIDENT [Specify Yes or No] [	NOITIONS—Conditions co	ay, 1/2] HOUR OF INJURY		24	No D	WAS MEDICAL EX (Specify Yes or No	CAMINER NOTIFI
(C) TOTHER SIGNIFICANT CON CIDENT [Specify Yes of Ao]  A JURY AT WORK PL	NDITIONS—Conditions co	HOUR OF INJURY 26c e, farm, street, factory.	DESCRIBE HOW II M 26d LOCATION	24 JURY OCCURRE	No D	WAS MEDICAL EX (Specify Yes or No 25 Yes	CAMINER NOTIFI
(C)  TOTHER SIGNIFICANT CON  CCIDENT [Specify Yes or Ao] [ C  a	NDITIONS—Conditions co  DATE OF INJURY [Mo. D.  26b  ACE OF INJURY—At hom lice building, etc. [Specify 3]	HOUR OF INJURY 26c e, farm, street, factory.	DESCRIBE HOW II	24 JURY OCCURRE	No D	WAS MEDICAL EX (Specify Yes or No 25 Yes	CAMINER NOTIFI
(C)  AT OTHER SIGNIFICANT CONTROL OF THE PROPERTY OF AN AND STREET OF AN	NDITIONS—Conditions co  DATE OF INJURY [Mo. D.  26b  ACE OF INJURY—At hom lice building, etc. [Specify 3]	HOUR OF INJURY 26c e, farm, street, factory.	DESCRIBE HOW II M 26d LOCATION	24 JURY OCCURRE	No D	WAS MEDICAL EX (Specify Yes or No 25 Yes	CAMINER NOTIFI
(C) AT OTHER SIGNIFICANT CON CCIDENT [Soeculy Yes or Ao] [C] a  UURY AT WORK Deculy Yes or Ao] offi offi ex: 26	NDITIONS—Conditions co  DATE OF INJURY [Mo. D.  26b  ACE OF INJURY—At hom lice building, etc. [Specify 3]	By, Y/   HOUR OF INJURY 26c e, farm, street, factory,	DESCRIBE HOW II M 26d LOCATION 26g	24 JURY OCCURRE STREET OR R.F.C	No D	WAS MEDICAL EX (Specify Yes or No 25 Yes	CAMINER NOTIFI
(C)  TOTHER SIGNIFICANT CON  CCIDENT [Specify Yes or Ao] [ C  a	NDITIONS—Conditions co  DATE OF INJURY [Mo. D.  26b  ACE OF INJURY—At hom lice building, etc. [Specify 3]	HOUR OF INJURY 26c e, farm, street, factory.	DESCRIBE HOW II M 26d LOCATION 26g	24 JURY OCCURRE STREET OR R.F.C	No D	WAS MEDICAL EX (Specify Yes or No 25 Yes	CAMINER NOTIF
(C)  TOTHER SIGNIFICANT CON  CCIDENT [Specify Yes or Ao] [ C  a	NDITIONS—Conditions co  DATE OF INJURY [Mo. D.  26b  ACE OF INJURY—At hom lice building, etc. [Specify 3]	By, Y/   HOUR OF INJURY 26c e, farm, street, factory,	DESCRIBE HOW II M 26d LOCATION 26g	24 JURY OCCURRE STREET OR R.F.C	No D	WAS MEDICAL EX (Specify Yes or No 25 Yes	CAMINER NOTIF
(C)  OTHER SIGNIFICANT CON  CCIDENT [Specify Yes of Ao] [  a  JURY AT WORK  Officer (y Yes of Ao)   0fficer (y Yes of Ao)   266	NDITIONS—Conditions co  DATE OF INJURY [Mo. D.  26b  ACE OF INJURY—At hom lice building, etc. [Specify 3]	By, Y/   HOUR OF INJURY 26c e, farm, street, factory,	DESCRIBE HOW II M 26d LOCATION 26g	24 JURY OCCURRE STREET OR R.F.C	No D	WAS MEDICAL EX (Specify Yes or No 25 Yes	CAMINER NOTIFI
(C) IT OTHER SIGNIFICANT CONTROL (SOCIAL PERSON AND CONTROL PERSON AND	NDITIONS—Conditions co  DATE OF INJURY (Mo. D.  26b  ACE OF INJURY—At hom lice building, etc. [Specify  I]  USE	By, Y/   HOUR OF INJURY 26c e, farm, street, factory,	DESCRIBE HOW II M 26d LOCATION 26g	24 JURY OCCURRE STREET OR R.F.C	No D	WAS MEDICAL EX (Specify Yes or No 25 Yes	CAMINER NOTIFI
(C) IT OTHER SIGNIFICANT COI CIDENT [Specify Yes or Ao]  JURY AT WORK Decify Yes or Ao]  ESERVED FOR REGISTRAR'S I	NDITIONS—Conditions co  DATE OF INJURY (Mb. D.  26b  ACE OF INJURY—At nom lice building, etc. [Specify  I USE	By, Y/   HOUR OF INJURY 26c e, farm, street, factory,	DESCRIBE HOW II M 26d LOCATION 26g	24 JURY OCCURRE STREET OR R.F.C	No D	WAS MEDICAL EX (Specify Yes or No 25 Yes	CAMINER NOTIFI
(C)  AT OTHER SIGNIFICANT CONTROL (C)  CCIDENT [Soeculy Yes of Ao]   C  BURY AT WORK OF OF THE CONTROL (C)  ESERVED FOR REGISTRAN'S I	NDITIONS—Conditions co  DATE OF INJURY (Mb. D.  26b  ACE OF INJURY—At hom ice building, etc [Specify if use]	Py. 7/1 HOUR OF INJURY 26c e. farm. street, factory. 1 ORIGINAL - VITAL	DESCRIBE HOW II M 26d LOCATION 269 STATISTICS CO	24 STREET OR R.F.C	NO D D NO CI	WAS MEDICAL EX (Specify Yes or No. 25 Yes	CAMINER NOTIFI
(C) IT OTHER SIGNIFICANT CON CIDENT [Soech Yes of Ao]   C  a	NDITIONS—Conditions co  DATE OF INJURY (Mb. D.  26b  ACE OF INJURY—At hom ice building, etc [Specify if use]	Py. 7/1 HOUR OF INJURY 26c e. farm. street, factory. 1 ORIGINAL - VITAL	DESCRIBE HOW II M 26d LOCATION 269 STATISTICS CO	24 STREET OR R.F.C	NO D D NO CI	WAS MEDICAL EX (Specify Yes or No. 25 Yes	CAMINER NOTIF  STATE  45-2 REV.
COUNTY OF CLA	NDITIONS—Conditions co  DATE OF INJURY [Mo. Co. 26b  ACE OF INJURY—At hom line building, etc [Specify  USE  ACKAMAS  ACKAMAS  THAT—THE	P. Y   HOUR OF INJURY 26c  e. farm. street, factory.  ORIGINAL - VITAL	DESCRIBE HOW II M 26d LOCATION 260 STATISTICS CO	24 STREET OR R.F.C	NO D D NO CI	WAS MEDICAL EX (Specify Yes or No. 25 Yes	CAMINER NOTIF  STATE  45-2 REV.
COUNTY OF CLA	NDITIONS—Conditions co  DATE OF INJURY [Mo. Co. 26b  ACE OF INJURY—At hom line building, etc [Specify  USE  ACKAMAS  ACKAMAS  THAT—THE	Py. 7/1 HOUR OF INJURY 26c e. farm. street, factory. 1 ORIGINAL - VITAL	DESCRIBE HOW II M 26d LOCATION 260 STATISTICS CO	24 STREET OR REC  DPY  ECORD OF	NO CI	WAS MEDICAL EXISPECTLY YES OF NE. 25 YES  TY OR TOWN  EGISTERED	CAMINER NOTIF  STATE  45-2 REV.
COUNTY OF CLA	NDITIONS—Conditions co  DATE OF INJURY (Mo. Co  26b  ACE OF INJURY—At hom ice building, etc [Specify of the conditions]  USE  ACKAMAS  ES THAT THE A  UNITY PUBLIC I	P. Y   HOUR OF INJURY 26c  e. farm. street, factory.  ORIGINAL - VITAL	DESCRIBE HOW II M 26d LOCATION 260 STATISTICS CO	24 STREET OR R.F.C	NO CI	WAS MEDICAL EXISPECTLY YES OF NE. 25 YES  TY OR TOWN  EGISTERED	CAMINER NOTIF  STATE  45-2 REV.
COUNTY OF CLA	NDITIONS—Conditions co  DATE OF INJURY (Mo. D.  26b  ACE OF INJURY—At hom lice building, etc. (Specify)  USE  ACKAMAS  ESTHATTHE A  UNTY PUBLIC. I	P. Y   HOUR OF INJURY 26c  e. farm. street, factory.  ORIGINAL - VITAL	DESCRIBE HOW II M 26d LOCATION 269 STATISTICS CO	24 STREET OR REC  DPY  ECORD OF	NO CI	WAS MEDICAL EXISPECTLY YES OF NE. 25 YES  TY OR TOWN  EGISTERED	CAMINER NOTIF  STATE  45-2 REV.
COUNTY OF CLA	NDITIONS—Conditions co  DATE OF INJURY (Mo. D.  26b  ACE OF INJURY—At hom lice building, etc. (Specify)  USE  ACKAMAS  ESTHATTHE A  UNTY PUBLIC. I	P. Y   HOUR OF INJURY 26c  e. farm. street, factory.  ORIGINAL - VITAL	DESCRIBE HOW II M 26d LOCATION 260  STATISTICS CO	24 STREET OF RECORD OF OHN F SCH	DEATH RI	WAS MEDICAL EN ISPECIALY YES OF NEC. 25 YES  TY OR TOWN  EGISTERED  . D.	CAMINER NOTIF  STATE  45-2 REV.
COUNTY OF CLA	NDITIONS—Conditions co  DATE OF INJURY (Mo. D.  26b  ACE OF INJURY—At hom lice building, etc. (Specify)  USE  ACKAMAS  ESTHATTHE A  UNTY PUBLIC. I	P. Y   HOUR OF INJURY 26c  e. farm. street, factory.  ORIGINAL - VITAL	DESCRIBE HOW II M 26d LOCATION 260  STATISTICS CO	24 STREET OF RECORD OF OHN F SCH	NO CI	WAS MEDICAL EN ISPECIALY YES OF NEC. 25 YES  TY OR TOWN  EGISTERED  . D.	CAMINER NOTIFI
COUNTY OF CLA	NDITIONS—Conditions co  DATE OF INJURY (Mo. Co. 26b  ACE OF INJURY—At hom ince building, etc [Specify if  USE  ACKAMAS  ES THAT THE INTY PUBLIC I	ORIGINAL - VITAL	DESCRIBE HOW II M 26d LOCATION 26g  STATISTICS CO COPY OF A R J B	DPY  ECORD OF OHN F SCH	DEATH RILKE, M	WAS MEDICAL EN (Specify Yes or No. 25 Yes Yes Yes or No. 25 Yes Yes Or No. 26 Yes Yes Or No. 26 Yes Yes Or No. 26 Yes	CAMINER NOTIFI  STATE  45-2 REV. 1
COUNTY OF CLA	NDITIONS—Conditions co  DATE OF INJURY (Mo. Co. 26b  ACE OF INJURY—At hom ince building, etc [Specify if  USE  ACKAMAS  ES THAT THE INTY PUBLIC I	P. Y   HOUR OF INJURY 26c  e. farm. street, factory.  ORIGINAL - VITAL	DESCRIBE HOW II M 26d LOCATION 26g  STATISTICS CO COPY OF A R J B	DPY  ECORD OF OHN F SCH	DEATH RILKE, M	WAS MEDICAL EN (Specify Yes or No. 25 Yes Yes Yes or No. 25 Yes Yes Or No. 26 Yes Yes Or No. 26 Yes Yes Or No. 26 Yes	STATE  45-2 REV. 1
COUNTY OF CLA	DATE OF INJURY [Mo. 20 266  ACE OF INJURY—At hom like building, etc [Specify  USE  ACKAMAS  ES THAT THE / UNITY PUBLIC I	P. 71 HOUR OF INJURY 26c e. farm. street, factory.  ORIGINAL - VITAL ABOVE IS A TRUE HEALTH DIVISION.  SEAL OF CLACKAN	DESCRIBE HOW II M 26d LOCATION 26g  STATISTICS CO COPY OF A R J B	DPY  ECORD OF OHN F SCH	DEATH RILKE, M	WAS MEDICAL EN (Specify Yes or No. 25 Yes Yes Yes or No. 25 Yes Yes Or No. 26 Yes Yes Or No. 26 Yes Yes Or No. 26 Yes	CAMINER NOTIFIED
COUNTY OF CLA	DATE OF INJURY [Mo. 20 266  ACE OF INJURY—At hom like building, etc [Specify  USE  ACKAMAS  ES THAT THE / UNITY PUBLIC I	P. 71 HOUR OF INJURY 26c e. farm. street, factory.  ORIGINAL - VITAL ABOVE IS A TRUE HEALTH DIVISION.  SEAL OF CLACKAN	DESCRIBE HOW II M 26d LOCATION 26g  STATISTICS CO COPY OF A R J B	DPY  ECORD OF OHN F SCH	DEATH RILKE, M	WAS MEDICAL EN (Specify Yes or No. 25 Yes Yes Yes or No. 25 Yes Yes Or No. 26 Yes Yes Or No. 26 Yes Yes Or No. 26 Yes	CAMINER NOTIFIED
COUNTY OF CLA THIS CERTIFII CLACKAMAS COUNTY VALID WIT	DATE OF INJURY [Mo. CA 26b  ACE OF INJURY—At hom line building, etc [Specify  USE  ACKAMAS  ACKAMAS  ACKAMAS  THOUT RAISED  THOUT RAISED	ABOVE IS A TRUE HEALTH DIVISION.  SEAL OF CLACKA!	DESCRIBE HOW II M 26d LOCATION 26g  STATISTICS CO COPY OF A R J B D MAS COUNTY P	DPY  ECORD OF OHN F SCH	DEATH RI HILKE, M NU JUN 15 ALTH DIV	WAS MEDICAL ED (Specify Yes or No. 25 Yes) TY OR TOWN  EGISTERED  . D. 1984  ISION	STATE  45-2 REV. 1
COUNTY OF CLA THIS CERTIFII CLACKAMAS COUNTY VALID WI	DATE OF INJURY [Mo. CA 26b  ACE OF INJURY—At hom ince building, etc [Specify  USE  ACKAMAS  ACKAMAS  THOUT RAISED  THOUT RAISED	ABOVE IS A TRUE HEALTH DIVISION.  SEAL OF CLACKA!  CLAMATH: ss.  AVIS J. ROSS	DESCRIBE HOW II  M 26d  LOCATION  26g  COPY OF A R  J  B  MAS COUNTY P	DPY  ECORD OF OHN F SCH Y PLU ATE  UBLIC HEA	DEATH RI HILKE, M	WAS MEDICAL ED (Specify Yes or No. 25 Yes) TY OR TOWN  EGISTERED  D. 1984  ISION	CAMINER NOTIFI  STATE  45-2 REV. 1
COUNTY OF CLA THIS CERTIFIE CLACKAMAS COUNTY VALID WI	DATE OF INJURY [Mo. CA 26b  ACE OF INJURY—At hom ince building, etc [Specify  USE  ACKAMAS  ACKAMAS  THOUT RAISED  THOUT RAISED	PABOVE IS A TRUE HEALTH DIVISION.  SEAL OF CLACKAN KLAMATH: ss.  AVIS J. ROSS 89 at 11:58	DESCRIBE HOW II  M 26d  LOCATION  260  STATISTICS CO  COPY OF A R  D  MAS COUNTY P	DPY  ECORD OF OHN F SCH ATE UBLIC HEA	DEATH RI HILKE, M LU STALL JUN 15 ALTH DIV	WAS MEDICAL ED (Specify Yes or No. 25 Yes) TY OR TOWN  EGISTERED  D. 1984  ISION	STATE  45-2 REV. 1
COUNTY OF CLA THIS CERTIFIE CLACKAMAS COUNTY VALID WI	DATE OF INJURY [Mo. CA 26b  ACE OF INJURY—At hom ince building, etc [Specify  USE  ACKAMAS  ACKAMAS  THOUT RAISED  THOUT RAISED	ABOVE IS A TRUE HEALTH DIVISION.  SEAL OF CLACKA!  CLAMATH: ss.  AVIS J. ROSS	DESCRIBE HOW II  M 26d  LOCATION  269  STATISTICS CO  COPY OF A R  D  MAS COUNTY P  Sman  o'clock A  on	DPY  ECORD OF OHN F SCH ATE UBLIC HEA	DEATH RI HILKE, M LU SEAL JUN 15 ALTH DIV	WAS MEDICAL ED ISPOCITY YES OF NE 25 YES  TY OR TOWN  EGISTERED  D.  1984  ISION  E 27th ed in Vol	CAMINER NOTIFI  STATE  45-2 REV. 1
COUNTY OF CLA THIS CERTIFII CLACKAMAS COUNTY VALID WI	DATE OF INJURY [Mo. 20 266  ACE OF INJURY — At hom lice building, etc [Specify  USE  ACKAMAS  ESTHAT THE / UNITY PUBLIC H  THOUT RAISED  I: COUNTY OF H  equest of	PABOVE IS A TRUE HEALTH DIVISION.  SEAL OF CLACKAN KLAMATH: ss.  AVIS J. ROSS 89 at 11:58	DESCRIBE HOW II  M 26d  LOCATION  260  STATISTICS CO  COPY OF A R  D  MAS COUNTY P  Sman  o'clock A  on  Evelyn Bi	DPY  ECORD OF OHN F SCH ATE UBLIC HEA	DEATH RI HILKE, M LU SON  JUN 15  ALTH DIV  the july recorde 3452  County	WAS MEDICAL ED ISPOCITY YES OF NE 25 YES  TY OR TOWN  EGISTERED  D.  1984  ISION  E 27th ed in Vol	STATE  45-2 REV.