

97510

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

Vol. m89 Page 3452

00845

## CERTIFICATE OF DEATH

Local File Number			State File Number		
DECEASED—NAME First Middle Last			DATE OF DEATH (month, day, year)		
Eugene Dracy SCHWAB			2 June 10, 1984		
1 RACE White, Black, American Indian etc. (specify)	2 SEX	3 AGE—Last birthday (years)	4 Under 1 year mos days	5 Under 1 day hours min	6 DATE OF BIRTH (month, day, year)
White	Male	67			Sept. 24, 1916
7a CITY, TOWN OR LOCATION OF DEATH		7b HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		7c IF HOSP OR INST Indicate DOA, OP, Emer, Rm., Inpatient (Specify)	
Clackamas		Sunnyside Medical Center		Inpatient	
8 STATE OF BIRTH (if not in U.S.A. name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		11 SPOUSE (IF MARRIED, WIDOWED)	
South Dakota	USA	Married		Avis	
12 SOCIAL SECURITY NUMBER		13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		14a KIND OF BUSINESS OR INDUSTRY	
503 09 6378		Ret. Truck Driver		Trucking	
15 RESIDENCE—STATE		16b COUNTY	17 CITY, TOWN, OR LOCATION		18 STREET AND NUMBER OR R.F.D., ZIP
Oregon		Multnomah	Gresham		3815 SE 5th 97030
19a FATHER—NAME first middle last		19b MOTHER—first middle last (Maiden Name)		19c INFORMANT—NAME and relationship to deceased	
A. John Schwab		Mary E. Dracy		Avis Schwab, wife	
20a BURIAL, CREMATION, REMOVAL, MAUS. (specify)		20b CEMETERY OR CREMATORY—NAME		20c LOCATION city or town state	
Burial		Skyline Memorial Gardens		Portland, Oregon	
21a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		21b NAME AND ADDRESS OF FACILITY			
Charles Zerzan		Skyline Funeral Home, 4101 NW Skyline Bv., Portland, OR.			
21c To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		21d DATE SIGNED (Mo. Day, Yr)		21e HOUR OF DEATH	
June 10, 1984		6-12-1984		2025 M	
21f NAME AND ADDRESS OF CERTIFIER (Type or Print)		21g NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
Charles Zerzan M.D. 10180 S.E. Sunnyside Rd. Clackamas, Oregon 97015					
22a DATE RECEIVED BY REGISTRAR (Mo. Day, Yr)		22b REGISTRAR			
JUN 15 1984		Rena Jones			
23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death			
(a) Acute Myocardial Infarction					
(b) Atherosclerotic Heart Disease					
(c)					
24 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		25 AUTOPSY (Specify Yes or No)		26 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
		No		Yes	
27a ACCIDENT (Specify Yes or No)	27b DATE OF INJURY (Mo. Day, Yr)	27c HOUR OF INJURY	27d DESCRIBE HOW INJURY OCCURRED		
28a INJURY AT WORK (Specify Yes or No)	28b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	28c LOCATION	28d STREET OR R.F.D. NO	28e CITY OR TOWN	28f STATE
RESERVED FOR REGISTRAR'S USE					

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

COUNTY OF CLACKAMAS

THIS CERTIFIES THAT THE ABOVE IS A TRUE COPY OF A RECORD OF DEATH REGISTERED WITH CLACKAMAS COUNTY PUBLIC HEALTH DIVISION.

JOHN F SCHILKE, M. D.

BY Rena JonesDATE JUN 15 1984

NOT VALID WITHOUT RAISED SEAL OF CLACKAMAS COUNTY PUBLIC HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Avis J. Rossman the 27th day of Feb. A.D., 19 89 at 11:58 o'clock A.M., and duly recorded in Vol. M89 of Deeds on Page 3452.

Evelyn Biehn, County Clerk

By Rena Jones

FEE \$8.00

Return: Avis J. Rossman

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

89 FEB 27 AM 11 58