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CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

MTC 23069-D

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

83-004872

Vital Records Unit

1428

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

Local File Number

DECEDENT

1 DECEASED—NAME: First: Ernest; Middle: F.; Last: Wallin

2 DATE OF DEATH (month, day, year): March 25, 1983

3 RACE (White, Black, American Indian, etc. (Specify)): White

4 SEX: Male

5a AGE—Last birthday (years): 85

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): July 19, 1897

7a CITY, TOWN OR LOCATION OF DEATH: Portland

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Veterans Administration

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Multnomah

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

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

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed

11 SPOUSE (IF MARRIED, WIDOWED): Anna Bloom Wallin

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

13 SOCIAL SECURITY NUMBER: 543-10-1019

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Brick Layer

14b KIND OF BUSINESS OR INDUSTRY: Building Trades

15a RESIDENCE—STATE: Oregon

15b COUNTY: Washington

15c CITY, TOWN, OR LOCATION: Portland

15d STREET AND NUMBER OR R.F.D., ZIP: 1725 Jenne N. W. 97229

15e Inside City Limits (specify yes or no): NO

16 FATHER—NAME first middle last: Emanuel — Wallin

17 MOTHER—Maiden Name first middle last: Anna — Hjelm

18 INFORMANT—NAME and relationship to deceased: Donald E. Wallin, son

DISPOSITION

19a Burial, Cremation, Removal, Maus. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Oregon 97601

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a [Signature]: Thomas H. Gibb

21b DATE SIGNED (Mo., Day, Yr.): March 25, 1983

21c HOUR OF DEATH: 3:10 P.M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Thomas H. Gibb, M.D., 3710 S. W. U.S. Veterans Hospital Road, Portland, Oregon 97201

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAR 30 1983

22a REGISTRAR [Signature]: A. Blum M.D.

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I (a) Acute on chronic respiratory failure — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Pulmonary asbestosis & probable mesothelioma — Interval between onset and death: years (known)

DUE TO, OR AS A CONSEQUENCE OF:

(c) arising from the pleura of the left lower lobe — Interval between onset and death: months-year (Probable)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Urinary tract infection secondary to outlet obstruction

AUTOPSY (Specify Yes or No): Yes

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Yr.)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26a INJURY AT WORK (Specify Yes or No): No

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION — STREET OR R.F.D. NO — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

21-2 (11/81)

after recording, return to:
Harris
780 NW Cascade Ct
Gresham, OR 97030

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED APR 13 1990

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 16th day of April A.D., 19 90 at 2:39 o'clock PM., and duly recorded in Vol. M90, of Deeds on Page 7037.

Evelyn Biehn County Clerk

By Darlene Mullendore

FEE $8.00