STATE OF WASHINGTON DEPARTMENT OF HEALTH

Vol M90 Page 18786

20318

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

[440]

LOCAL FILE NUMBER | 2. SEX: M | 3. DEATH DATE (MO DAY YR): April 27, 1982 | 146-82 09466 STATE FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST: William Allen LeBLANC
4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY): White
5. AGE - LAST BIRTHDAY (YRS): 58
6. UNDER 1 YEAR: MOS. / DAYS — 7. UNDER 1 DAY: HOURS / MINS.
8. BIRTHDATE (MO DAY YR): Jan. 7, 1924
9. COUNTY OF DEATH: Clark
10. CITY, TOWN OR LOCATION OF DEATH: Vancouver
11. PLACE OF DEATH - ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 0. ☐ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG RM/OUT PTN 4. ☒ HOSP. 5. ☐ NUR HOME 1. ☐ OTHER PLACE: Vancouver Memorial Hospital
12. RECEIVED EMERGENCY CARE (AMBULANCE, FIRE/PTR, PARAMED?): Yes (YES/NO)
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Wisconsin
14. CITIZEN OF WHAT COUNTRY: USA
15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
16. SPOUSE (IF WIFE GIVE MAIDEN NAME): Ora Lee Wiman
17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): Yes
18. SOCIAL SECURITY NO.: 392-26-7803
19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.): Equipment Operator
20. KIND OF BUSINESS OR INDUSTRY: U.S. Forest Service
21. RESIDENCE - NUMBER AND STREET: 554 S. "G" St.
22. CITY/TOWN, OR LOCATION: Lakeview
23. INSIDE CITY LIMITS? (YES/NO): Yes
24. COUNTY: Lake
25. STATE: Oregon
26. FATHER - NAME FIRST, MIDDLE, LAST: William J. LeBlanc
27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: Mae DuBois
28. INFORMANT - NAME: Ora Lee LeBlanc - Wife
29. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): 554 S. "G" St., Lakeview, OR 97630
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
31. DATE (MO DAY YR): May 1, 1982
32. CEMETERY/CREMATORY - NAME: Sunset Park Cemetery
33. LOCATION - CITY/TOWN, STATE: Lakeview, OR
34. FUNERAL DIRECTOR SIGNATURE: X [signature]
35. NAME OF FACILITY: Ousley-Osterman Mortuary
36. ADDRESS OF FACILITY: 743 4th St. S. Lakeview, OR 97630

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: X
38. DATE SIGNED (MO DAY YR):
39. HOUR OF DEATH (24 HRS): 2055
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: X [signature]
42. DATE SIGNED (MO DAY YR): 4-30-82
43. HOUR OF DEATH (24 HRS): 2055
44. PRONOUNCED DEAD (MO DAY YR): 4-27-82
45. HOUR PRONOUNCED DEAD (24 HRS): 2055
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): Archie Hamilton, 204 E. 35 St., Vancouver, WA 98663

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), and (C).) — INTERVAL BETWEEN ONSET AND DEATH
(A) Ruptured arteriosclerotic aneurysm of the abdominal aorta
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE
49. AUTOPSY? (YES/NO): Yes
50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): yes
51. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY)
52. INJURY DATE (MO DAY YR)
53. HOUR OF INJURY (24 HRS.)
54. DESCRIBE HOW INJURY OCCURRED.
55. INJURY AT WORK? (YES/NO)
56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)
57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE
58. REGISTRAR SIGNATURE: X [signature]
59. DATE RECEIVED (MO DAY YR): MAY 04 1982

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

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 6.

NON - RES. TRANS. '90 SEP 10 AM 10 24

FOR STATE REGISTRAR USE ONLY

ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY:	DATE:

DSHS 9-150 (REV. 1-82)

DOH 01-003 (7/89)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ora Lee LeBlanc the 19th day of Sept. A.D., 19 90 at 10:24 o'clock A M., and duly recorded in Vol. M90, of Deeds on Page 18786.

Evelyn Biehn - County Clerk
By Darlene Mullendore

FEE $8.00
Return: Ora Lee LeBlanc
1358 NE Lincoln, Roseburg, Or. 97470