CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

37962

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

80-021506
State File Number

231
Local File Number

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

02

DECEDENT

1. DECEASED—NAME (First, Middle, Last): WILLIAM MICHAEL SHOUGH
2. DATE OF DEATH (month, day, year): December 24, 1980
3. RACE (White, Black, American Indian, etc.) (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 59
6. DATE OF BIRTH (month, day, year): January 15, 1921
7a. CITY, TOWN OR LOCATION OF DEATH: The Dalles
7b. HOSPITAL OR OTHER INSTITUTION—NAME: The Dalles General Hospital Emer. Rm.
7. COUNTY OF DEATH: Wasco
8. STATE OF BIRTH (if not in U.S.A. name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (if married, widowed): Ada Shough
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13. SOCIAL SECURITY NUMBER: 542-14-5113
14a. USUAL OCCUPATION: Heavy Equp. Operator
14b. KIND OF BUSINESS OR INDUSTRY: Lumber
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Wasco
15c. CITY, TOWN, OR LOCATION: Tygh Valley
15d. STREET AND NUMBER OR R.F.D., ZIP: P. O. Box 291 97063
15e. Inside City Limits (specify yes or no): Yes
16. FATHER—NAME: Alton Shough
17. MOTHER—Maiden Name: Nettie Shadley
18. INFORMANT—NAME and relationship to Decedent: Ada Shough, Wife

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Parklawn Odd Fellows Cemetery
19c. LOCATION (city or town, state): The Dalles, Oregon
20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): [signature]
20b. NAME AND ADDRESS OF FACILITY: Spencer, Libby & Powell Funeral Home, 1100 Kelly Ave. TheDalles, Ore 97058

CERTIFIER

21a. (Signature): To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. [signature]
21b. DATE SIGNED (Mo. Day, Yr.): 12/24/80
21c. HOUR OF DEATH: 3:20 P. M
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Albert Wilkinson, M.D. The Dalles Clinic Bldg. The Dalles, Oregon 97058
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a. DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): Dec. 30, 1980
22b. REGISTRAR (Signature): [signature]

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 [illegible] infarction — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: Coronary Artery Insufficiency — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF: [illegible] — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a):
24. AUTOPSY (Specify Yes or No): No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No
26a. ACCIDENT (Specify Yes or No):
26b. DATE OF INJURY (Mo. Day, Yr.):
26c. HOUR OF INJURY: M
26d. DESCRIBE HOW INJURY OCCURRED:
26e. INJURY AT WORK (Specify Yes or 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

HS-2 Rev 1-80

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: NOV 01 1991

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mrs. Chas. Harding the 27th day of Nov. A.D., 19 91 at 12:03 o'clock P M., and duly recorded in Vol. M91 of Deeds on Page 24915.

Evelyn Biehn . County Clerk
By [signature]

FEE $8.00

Return: Mrs. Chas. Harding
2305 W. 13th, The Dalles, Or. 97058