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OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

103959 — I.D. TAG NO.
00483 — Local File Number
136- — State File Number

1. DECEDENT'S NAME: First: George; Middle: Thomas; Last: CALLISON
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 23,1992
4. SOCIAL SECURITY NUMBER: 128-10-3356
5a. AGE-Last Birthday (Years): 81
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Utica, New York
7. DATE OF BIRTH (Month, Day, Year): October 7, 1910
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX Yes ☐ No
9a. PLACE OF DEATH (Check only one): ☐ HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ XX Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 4835 SW Patton
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland, Oregon
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Radio Broadcaster
10b. KIND OF BUSINESS/INDUSTRY: Public Communications
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Helen
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Multnomah
13c. CITY, TOWN OR LOCATION: Portland
13d. STREET AND NUMBER: 4835 SW Patton
13e. INSIDE CITY LIMITS? XX Yes ☐ No
13f. ZIP CODE: 97221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) XX No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6 69; College (1-4 or 5+): 4 Years
17. FATHER - NAME first middle last: James P. Callison
18. MOTHER - NAME first middle maiden: Leila M. Colburn
19. INFORMANT - NAME and relationship to deceased: Sharon Schaefer -- Daughter
20a. METHOD OF DISPOSITION: ☐ Burial XX Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Riverview Crematory
20c. LOCATION - City or Town, State: Portland, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Michael Holmes (TS)
21b. LICENSE NUMBER (Of Licensee): 47-3519
22. NAME, ADDRESS AND ZIP OF FACILITY: Skyline Memorial Gardens & Funeral Home 4101 NW Skyline Blvd. Port., Or.97229
23. DATE FILED (Month, Day, Year): JAN 30 1992
24. REGISTRAR'S SIGNATURE: Arthur W. Bloom
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES XX NO ☐ N/A
26. WAS GIFT MADE? ☐ YES XX NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 6:20 AM M
28. WAS MEDICAL EXAMINER NOTIFIED? XX Yes ☐ No
29. To the best of my knowledge death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): D. Lanier MD
30. DATE SIGNED (Month, Day, Year): 1/29/92
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Keith Lanier, M.D., 1130 NW 22nd, Suite #520, Portland, Oregon 97210
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

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

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I (a): Metastatic Carcinoma, prostate — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably XX No ☐ Unknown
38. AUTOPSY: ☐ Yes XX No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: XX Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED

'92 MAR 24 PM 4 08

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED: FEB 07 1992

Arthur W. Bloom
ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 24th day of March A.D., 19 92 at 4:08 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 6193.

Evelyn Biehn - County Clerk
By Paulena Muhlenbore

FEE $10.00

Return: KCTC