

1. The first group of persons, who were arrested on 12/1/41, were the following:

By Pauline C. Nielsen

CERTIFICATION OF VITAL RECORD

C-4963
TAG NO. 15
66199
Local File Number

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

136-

State File Number

1. DECEDENT'S NAME Jeanne Clara CLAYTON				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) November 22, 1992	
4. SOCIAL SECURITY NUMBER 549-56-7526		5a. AGE Last Birthday (Years) 53	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Bemidji, MN		7. DATE OF BIRTH (Month, Day, Year) April 24, 1939
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Outpatient <input type="checkbox"/> EROutpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) Emanuel Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Portland		9d. COUNTY OF DEATH Multnomah	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Harvey E. Clayton	
13a. RESIDENCE - STATE Washington		13b. COUNTY Clark		13c. CITY, TOWN OR LOCATION Vancouver		13d. STREET AND NUMBER 1809 NW 96th St	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 98665		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) white	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		17. INFORMANT - NAME and relationship to Decedent Harvey Clayton, husband					
17. FATHER - NAME first middle last Dan Jackson		18. MOTHER - NAME first middle maiden Doris Ganz		19. INFORMATION - NAME and relationship to Decedent Harvey Clayton, husband			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Uniservice Crematorium		20c. LOCATION City or Town, State Portland, OR			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Robert W. Bloom</i>		21b. LICENSE NUMBER (Of Licensee) 3439		22. NAME, ADDRESS AND ZIP OF FACILITY Memorial Gardens Mortuary 1101 NE 112th Ave Vancouver, WA 98684			
23. DATE FILED (Month, Day, Year) DEC 03 1992		24. REGISTRAR'S SIGNATURE <i>Arthur W. Bloom</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>27. TIME OF DEATH 10:56 AM</p> <p>28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Keith J. Hansen</i></p> <p>30. DATE SIGNED (Month, Day, Year) 11/30/92</p> <p>34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Keith Hansen, M.D. 265 N. Broadway Portland, Or 97227</p> <p>35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p> </div> <div style="width: 45%;"> <p>TO BE COMPLETED ONLY BY MEDICAL EXAMINER</p> <p>31a. TIME OF DEATH M</p> <p>31b. DATE PHONOUNCED DEAD (Month, Day, Year, Hour) M</p> <p>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)</p> <p>33. DATE SIGNED (Month, Day, Year) COUNTY</p> </div> </div>							
<p>36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of death, e.g. Cardiac or Respiratory Arrest)</p> <p>PART I</p> <p>(a) Cardiopulmonary Arrest</p> <p>DUE TO, OR AS A CONSEQUENCE OF:</p> <p>(b) Interstital pneumonia</p> <p>DUE TO, OR AS A CONSEQUENCE OF:</p> <p>(c) Sedgwick's Disease Stage IV B</p> <p>PART II</p> <p>OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.</p> <p>37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide</p> <p>41a. DATE OF INJURY (Month, Day, Year)</p> <p>41b. TIME OF INJURY</p> <p>41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>41d. DESCRIBE HOW INJURY OCCURRED</p> <p>41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)</p> <p>41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)</p>							

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REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DEC 04 1992

DATE ISSUED: _____

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Philip E. Friberg the 1st day
of Feb. A.D. 19 93 at 11:09 o'clock A.M., and duly recorded in Vol. M93
of _____ Deeds on Page 2274

Evelyn Biehn County Clerk
By *Arthur W. Bloom*

FEE \$10.00

Return: Philip E. Friberg

200 Columbia St. #200, Vancouver, Wa. 98660