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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME: First: Marvin	Middle: Herman	Last: Roeder				2. DATE OF DEATH (month, day, year): August 16, 1976
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 69	5b. Under 1 year: mos. / days	5c. Under 1 day: hours / min.		6. DATE OF BIRTH (month, day, year): May 23, 1907
7a. COUNTY OF DEATH: Lane	7b. CITY, TOWN, OR LOCATION OF DEATH: Springfield	7c. Inside City Limits (specify yes or no): yes				7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): McKenzie-Willamette Hospital
8. STATE OF BIRTH (If not in U.S.A., name country): Rib Falls, Wisconsin	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married				11. NAME OF SPOUSE: Lucille Jeanette Roeder
12. SOCIAL SECURITY NUMBER: 392 07 6744	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Grocer					13b. KIND OF BUSINESS OR INDUSTRY: Grocery
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Lane	14c. CITY, TOWN, OR LOCATION: Springfield	14d. Inside City Limits (specify yes or no): yes			14e. STREET AND NUMBER OR R.F.D.: 367 Mansfield
15. FATHER—NAME first middle last: Herman Roeder	16. MOTHER—Maiden Name first middle last: Emma Wilde					17. INFORMANT—NAME and relationship to deceased: Clark W. Roeder (son)

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

		approximate interval between onset and death
immediate cause (a)	Cerebral thrombosis	
due to, or as a consequence of: (b)	Cerebral arteriosclerosis	
due to, or as a consequence of: (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Diabetes mellitus

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR		19a. AUTOPSY (yes or no): Yes	19b. IF YES were findings considered in determining cause of death: Yes
20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)		20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)		
20g. LOCATION (street or R.F.D. No., city or town, county, state)					

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 2-25-75 To month day year 8-16-76

22a. PHYSICIAN—SIGNATURE: D. E. McCafferty

22b. NAME (type or print): D. E. McCafferty, M.D.

22c. DATE SIGNED (month, day, year): 8-16-76

23. MAILING ADDRESS—PHYSICIAN: 188 W. B Street, Springfield, Oregon 97477

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

24b. CEMETERY OR CREMATORY—NAME: Springfield Memorial Cem.

24c. LOCATION city or town, state: Springfield, Oregon

24d. DATE (mo., day, year): Aug. 19, 1976

25a. FUNERAL DIRECTOR—SIGNATURE: Carl Major

25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Burns-Fredericksen Funeral Home 112 N. A Street Springfield, Ore. 97477

26a. REGISTRAR—SIGNATURE: Lucile Longton, Deputy

26b. DATE RECEIVED BY LOCAL REGISTRAR: August 16, 1976

27. DATE RECEIVED BY STATE REGISTRAR

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON }
COUNTY OF Lane }

Date August 19, 1976

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Lane County Department of Health.

(SEAL)

A. K. Wattle Director
Registrar of Vital Statistics
By Lucile Longton, Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Robert Wheeler the 5th day of Nov. A.D., 19 93 at 10:45 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 29280.

FEE $10.00

Return: Robert W. Wheeler, P.O. Box 5757 Eugene, Or. 97405

Evelyn Biehn County Clerk
By Dawnine Mullendore