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Dorothy G. Charles
33655 SE Rainbow Rd.
Estacada, OR 97023

OREGON HEALTH DIVISION
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87088

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1199

STATE OF OREGON - STATE BOARD OF HEALTH
Vital Statistics Section
CERTIFICATE OF DEATH

73-003340

Local File Number

State File Number

1. DECEASED - NAME First Middle Last John (NMI) Musch		2. DATE OF DEATH (month, day, year) February 26, 1973	
3. SEX Male		4. DATE OF BIRTH (month, day, year) January 24, 1908	
5. RACE White		6. PLACE OF BIRTH (if not in U.S.A., name country) Holland	
7. SOCIAL SECURITY NUMBER 325-01-4027		8. HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number) Providence Hospital	
9. COUNTY OF DEATH Multnomah		10. NAME OF SPOUSE Grace	
11. CITY, TOWN OR LOCATION Portland		12. KIND OF BUSINESS OR INDUSTRY Nat. Frost Protection Co.	
13. OCCUPATION (if not of working life, or if retired) Retired		14. STREET AND NUMBER (if not, give street and number) 534 N. 3rd	
15. FATHER - NAME Cornelius Musch		16. MOTHER - NAME Johanna Knoll	
17. PART I - LASTING CAUSE BY 1. Suffering from a long standing heart condition which gave rise to infarction of the heart muscle.		18. PART II - OTHER SIGNIFICANT CONDITIONS 1. Long standing heart condition.	
19. ACCIDENT (specify yes or no) No		20. DATE OF INJURY (month, day, year) Feb. 26, 1973	
21. INJURY AT WORK (specify yes or no) No		22. PLACE OF INJURY (home, office bldg., etc. (to city) Home	
23. CERTIFICATION - PHYSICIAN I attended the deceased from Feb. 16, 1973		24. AND LAST SAW HIM/HER ALIVE on Feb. 26, 1973	
25. PHYSICIAN - SIGNATURE W. Rich Warrington, M.D.		26. DEATH OCCURRED (how) 7:30 P.M.	
27. MAILING ADDRESS - PHYSICIAN 545 N. E. 4th Portland, Oregon 97213		28. DATE SIGNED (month, day, year) 2-27-73	
29. MARRIAGE - REMOVAL Removal - Burial		30. LOCATION - City or town Portland, Oregon	
31. FUNERAL HOME - SIGNATURE Chapman North Hollywood, Calif.		32. DATE (mo., day, year) 3/1/73	
33. FUNERAL HOME - SIGNATURE Chapman North Hollywood, Calif.		34. DATE RECEIVED BY LOCAL REGISTRAR FEB 28 1973	
35. DATE RECEIVED BY STATE REGISTRAR MAR 12 1973		36. RESERVED FOR REGISTRAR'S USE	

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

JUN 06 1994

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF CLATSOP: ss.

Filed for record at request of Klath County Title Co the 30th day of Aug A.D., 19 94 at 11:01 o'clock A M., and duly recorded in Vol. M94 of Deeds on Page 27141.

FE: \$10.00

Evelyn Biehn
County Clerk

By Doreen M. Melendore