

AFTER RECORDING RETURN TO:

Colin Cameron

2250 Nut Tree Lane *W*
McMinnville, CA 97128

ATC#03043922

11-02-95P03:35 RCV0

CERTIFIED COPY OF DEATH RECORD

8605

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06352

ID TAG NO.

865

Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vital Records Unit

CERTIFICATE OF DEATH

State File Number

TYPE
OR PRINT
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PERMANENT
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INK
FOR
INSTRUCTIONS
SEE
ANOBOKF DEATH
CURRIC IN
ITUTION
HANDBOOK
GARDING
PLETION OF
VENCE ITEMS

POSITION

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ADDITIONS
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CAUSE
CAUSE
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IDERYLYING
USE LASTUSE OF
DEATH

DECEASED - NAME First Middle Last James A. CAMERON			DATE OF DEATH (month, day, year) 2 June 8, 1986		
RACE White, Black, American Indian, etc. (specify) White		SEX Male	AGE - Last birthday (years) 68		Under 1 day mos. days hours min.
CITY, TOWN OR LOCATION OF DEATH Gates			HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) 30840 Highway 22		IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify) 7c
STATE OF BIRTH (If not in U.S.A., name country) Oregon		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		SPOUSE (IF MARRIED, WIDOWED) Mildred
SOCIAL SECURITY NUMBER 537-26-5311			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		KIND OF BUSINESS OR INDUSTRY Building
RESIDENCE - STATE Oregon		COUNTY Marion	CITY, TOWN OR LOCATION Gates		STREET AND NUMBER OR R.F.D. 30840 Highway 22 ZIP 97346
FATHER - NAME first middle last James Cameron		MOTHER - first middle last (Maiden Name) Stella McKinley		INFORMANT - NAME and relationship to deceased Mildred Cameron-Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		CEMETERY OR CREMATORY - NAME Rest Lawn Cemetery		LOCATION city or town state Salem, Oregon	
FUNERAL SERVICE LICENSEE or person acting as such (Signature) <i>R. W. McIntyre</i>		NAME AND ADDRESS OF FACILITY Weddle Funeral Home Inc. 1777 Third Ave. Box 456		DATE SIGNED (Mo., Day, Year) 6-9-86	
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) R. W. McIntyre, M. D. 502 N. Second, Stayton, Oregon 97383		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		HOUR OF DEATH 8:20 P. M.	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) JUN 1 1986		REGISTRAR <i>Debbie Stensrud</i>			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)					
(a) Cardiac Arrest					Interval between onset and death 5 min
(b) Terminal Ca of bowel					Interval between onset and death 5 yrs.
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)					Interval between onset and death
ACCIDENT (Specify Yes or No) NO		DATE OF INJURY (Mo., Day, Year)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY (Specify Yes or No) no
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		RESERVED FOR REGISTRAR'S USE	

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-86

STATE OF OREGON
COUNTY OF MARION

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

SEAL
VOID IF ALTEREDDATE **JUN 1 1986**

REGISTRAR OF VITAL STATISTICS

By *Debbie Stensrud*, Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 2nd day of November A.D., 19 95 at 3:35 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 30095.

FEE \$10.00

By *Bernetha G. Letsch*, County Clerk
Annette Mueller