DEC 21 11:15

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

1403 (Local File Number) 78-014668 (State File Number)

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED—NAME: First EDGAR Middle NEWTON Last DAVIS
2. DATE OF DEATH (month, day, year): 29 September, 1978
3. RACE (White, Black, American Indian, etc.): White
4. SEX: Male
5a. AGE—Last birthday (years): 76
5b. Under 1 year: mo. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): 18 December, 1901
7a. COUNTY OF DEATH: Lane
7b. CITY, TOWN OR LOCATION OF DEATH: Mapleton
7c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street and number): 12112 E. Mapleton Rd.
8. STATE OF BIRTH (If not in U.S.A., name country): Connecticut
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Edith Davis
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 540-07-9279
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed
14b. KIND OF BUSINESS OR INDUSTRY: Service Station
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Lane
15c. CITY, TOWN, OR LOCATION: Mapleton
15d. STREET AND NUMBER OR R.F.D., ZIP: 12112 E. Mapleton Rd
15e. INSIDE CITY LIMITS (specify yes or no): No
16. FATHER—NAME first, middle, last: Charles S. Davis
17. MOTHER—Maiden Name first, middle, last: Frances E. Miller
18. INFORMANT—NAME and relationship to deceased: Edith Davis - Wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUSL (specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Odd Fellows Cemetery
19c. LOCATION (city or town, state): Mapleton, Oregon
20a. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): Thurman Grant
20b. NAME AND ADDRESS OF FACILITY: Riverside Chapel P.O. Box 250 Florence, Oregon

CERTIFIER

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a. (Signature): Bartholomew Hudson MD
21b. DATE SIGNED (Mo., Day, Yr.): 9/29/78
21c. HOUR OF DEATH: 7:03 PM
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): BARTHOLOMEW HUDSON, M.D. BOX 12326 TIDE RT. SWISSHOME, OREGON 97480
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): DR. LEONARD JACOBSON
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): October 2, 1978
22b. REGISTRAR (Signature): Cynthia K Sweeny Deputy

CAUSE OF DEATH

PART I
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) METASTATIC RECTAL CARCINOMA — Interval between onset and death: 6 MONTHS
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 related to cause given in PART I (a).
AUTOPSY (Specify Yes or No): NO
WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): NO

4. 154.1
5. —
6. —

ACCIDENT (Specify Yes or No): NO
DATE OF INJURY (Mo., Day, Yr.):
HOUR OF INJURY:
DESCRIBE HOW INJURY OCCURRED:
INJURY AT WORK (Specify Yes or No): NO
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
LOCATION—STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

Return to:
Bend Title
P.O. Box 4325 Sunriver, Or. 97707 Attn: Rhonda

VS-2 Rev-1-78 P-65412

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED OCT 31 1995

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title Co the 21st day of Dec A.D., 19 95 at 11:15 o'clock A M., and duly recorded in Vol. M95, of Deeds on Page 34745.

FEE $10.00

Bernetha G. Letsch, County Clerk
By Dawnne Mullendore