

26947

Vol. M96 Page 32984E-6291
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136

Local File Number

State File Number

1. DECEDENT'S NAME First: <u>James</u> Middle: <u>David</u> Last: <u>CLINE</u>				2. SEX <u>Male</u>		3. DATE OF DEATH (Month, Day, Year) <u>April 5, 1992</u>	
4. SOCIAL SECURITY NUMBER <u>519-10-8990</u>		5a. AGE-Last Birthday (Years) <u>66</u>		5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>		6. BIRTHPLACE (City and State or Foreign Country) <u>Pocatello, Idaho</u>	
7. DATE OF BIRTH (Month, Day, Year) <u>June 20, 1925</u>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>				9b. CITY, TOWN, OR LOCATION OF DEATH <u>Portland</u>			
9c. FACILITY NAME (If not institution, give street and number) <u>4110 S.E. 75th Avenue</u>				9d. COUNTY OF DEATH <u>Multnomah</u>			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Postal Clerk</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Civil Service</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed, Divorced) (Specify) <u>June A. Cline</u> ✓	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Multnomah</u>		13c. CITY, TOWN OR LOCATION <u>Portland</u>		13d. STREET AND NUMBER <u>4110 S.E. 75th Avenue</u>	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <u>97206</u>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify if so or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: <u> </u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u> </u> College (14 or 15+) <u>2</u>		16. FATHER - NAME first middle last <u>Gould L. Cline</u>					
16. MOTHER - NAME first middle maiden <u>Mary Abernathy</u>		17. INFORMANT - NAME and relationship to deceased <u>June A. Cline - Wife</u>					
18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>		19. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>River View Crematory</u>		20. LOCATION - City or Town, State <u>Portland, Oregon</u>			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Bernetha G. Letsch</u>		21b. LICENSE NUMBER (Of License) <u>3050</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>LINCOLN WILLAMETTE FUNERAL DIRECTORS</u> <u>9775 S.E. MT. SCOTT, PORTLAND, OR 97266</u>			
23. DATE FILED (Month, Day, Year) <u>APR 13 1992</u>		24. REGISTRAR'S SIGNATURE <u>Arthur W. Bloom</u>					
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			
27. TIME OF DEATH <u>5:20 A</u> M <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No				28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No			
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Arthur W. Bloom</u>				30. DATE SIGNED (Month, Day, Year) <u>April 7, 1992</u>			
31. NAME, TYPE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Luther W. Johnson M.D. 10000 S.E. Main #302 Portland OR 97216</u>				32. DATE SIGNED (Month, Day, Year) <u> </u> COUNTY <u> </u>			
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>				34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) PART I (a) <u>Hepatocellular Carcinoma</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Alcoholic Cirrhosis Liver</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u> </u>			
35. INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>				36. INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>			
37. INTERVAL BETWEEN ONSET AND DEATH <u> </u>				38. INTERVAL BETWEEN ONSET AND DEATH <u> </u>			
39. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u> </u>				40. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk			
41. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				42. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
43. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Legal Intervention		44a. DATE OF INJURY (Month, Day, Year) <u> </u>		44b. TIME OF INJURY <u> </u> M <input type="checkbox"/> Yes <input type="checkbox"/> No		44c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
44d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u> </u>		44e. DESCRIBE HOW INJURY OCCURRED <u> </u>					
44f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>		44g. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>					

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

APR 13 1992

DATE ISSUED

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of June A. Cline the 18th day of October A.D., 19 96 at 10:29 o'clock A.M., and duly recorded in Vol. M96 of Deeds on Page 32984

FEE \$10.00

Bernetha G. Letsch

By

County Clerk

Kathleen Ryan