

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1. William Sylvester QUINLAN					2. January 17, 1975	
RACE White, Negro, American Indian, etc. (specify)		3. White	SEX	4. Male	AGE—Last birthday (years)	5a. 65
					Under 1 year	Under 1 day
					mos.	days
					5b.	5c.
COUNTY OF DEATH		7a. Washington	CITY, TOWN, OR LOCATION OF DEATH		7b. Portland	
STATE OF BIRTH (If not in U.S.A., name country)		8. Indiana	CITIZEN OF WHAT COUNTRY		9. U. S. A.	
SOCIAL SECURITY NUMBER		12. 306 14 9249	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		13a. Leather worker	
RESIDENCE—STATE		14a. Oregon	COUNTY		14b. Deschutes	
			CITY, TOWN, OR LOCATION		14c. LaPine	
			Inside City Limits (specify yes or no)		14d. No	
			STREET AND NUMBER OR R.F.D.		14e. Star Rt. 2 Box 356	
FATHER—NAME first middle last		15. Quinlan		MOTHER—Maiden Name first middle last		16. --
INFORMANT—NAME and relationship to deceased		17. Kayeko Quinlan Widow				
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))						approximate interval between onset and death
18. (a) Ventricular fibrillation due to, or as a consequence of:						Immediate
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last						
(b) Acute massive myocardial infarction due to, or as a consequence of:						24 hours
(c) Severe coronary atherosclerosis						
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)						AUTOPSY (yes or no) 19a. Yes
						IF YES were findings considered in determining cause of death 19b. Yes
ACCIDENT (specify yes or no)		DATE OF INJURY (month, day, year)		HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)		
20a.		20b.		20c. M. 20d.		
INJURY AT WORK (specify yes or no)		PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)		LOCATION (street or R.F.D. No., city or town, county, state)		
20e.		20f.		20g.		
CERTIFICATION—PHYSICIAN: I attended the deceased from:		month day year Jan. 2, 1975		And Last Saw Him/Her Alive on: month day year Jan. 17, 1975		
21.		to month day year Jan. 17, 1975		I Did/Did Not view the body after death (specify) did		
PHYSICIAN—SIGNATURE		NAME (type or print)		DEGREE or Title		
22a. T. David Lee, Jr.		22b. T. David Lee, Jr., M.D.		22c. January 21, 1975		
MAILING ADDRESS—PHYSICIAN		street		city or town		
23.		2455 N. W. Marshall		Portland Oregon		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town		
24a. Cremation		24b. Pioneer Crematorium		24c. Portland, Oregon		
FUNERAL DIRECTOR—SIGNATURE		FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)		DATE (mo., day, year)		
25a. [Signature]		25b. Niswonger-Reynolds, Inc. 105 NW Irving Ave. Bend, Oregon 9770		24d. Jan. 20, 1975		
REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		DATE RECEIVED BY STATE REGISTRAR		
26a. [Signature]		26b. JAN 23 1975		27.		
PRESERVED FOR REGISTRAR'S USE						
28.						

VS-2 R-69

STATE OF OREGON

WASHINGTON COUNTY

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

SEAL

Registrar Vital Statistics

JAN 24 1975

Date

VOID IF ALTERED

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