98[illegible] K 626

[redacted]

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

81-001689

527

DECEDENT

DECEASED NAME: FINN ARNLJOT [redacted]
DATE OF DEATH: January 27, 1981
RACE: White
SEX: Male
AGE:
DATE OF BIRTH: October 30, 1916
CITY, TOWN OR LOCATION OF DEATH: Portland
HOSPITAL OR OTHER INSTITUTION—NAME: Physicians & Surgeons
Inpatient
COUNTY OF DEATH: Multnomah
STATE OF BIRTH: Washington
CITIZEN OF WHAT COUNTRY: USA
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: married
SPOUSE (IF MARRIED, WIDOW(ER)): Margaret deBoeck
WAS DECEDENT EVER IN U.S. ARMED FORCES?: Yes
SOCIAL SECURITY NUMBER: [redacted]
USUAL OCCUPATION: bus driver
KIND OF BUSINESS OR INDUSTRY: school district
RESIDENCE—STATE: Oregon
COUNTY: Mult.
CITY, TOWN, OR LOCATION: Corbett
STREET AND NUMBER OR R.F.D.: R.F.D. Box 64
FATHER NAME: Alexander Finn
MOTHER: Fanny Transaa
INFORMANT NAME AND MAILING ADDRESS: Margaret Braun, Wife

DISPOSITION
BURIAL, CREMATION, REMOVAL, BURIAL-SERVICE MORTUARY: Cremation
CEMETERY OR CREMATORY NAME: Willamette Crematory
LOCATION: Tigard, Oregon
NAME AND ADDRESS OF FACILITY: none-Memorial Cremation Society, 233 NE Holladay, Portland, O

CERTIFIER
DATE SIGNED: 2-2-81
HOUR OF DEATH: 2:45 A. M.
NAME AND ADDRESS OF CERTIFIER: CHARLES SOUTH, JR. M. D. Surgeon 1400 SW Marshall St Portland, Oregon 97210
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER):
DATE RECEIVED BY REGISTRAR: FEB 3 1981
REGISTRAR: James J. McAllister

CAUSE OF DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
PART I
IMMEDIATE CAUSE: HEPATOCELLULAR FAILURE — Interval Between Onset and Death: DAYS
DUE TO OR AS A CONSEQUENCE OF: HEPATIC METASTASES — Interval Between Onset and Death: 1 YR
DUE TO OR AS A CONSEQUENCE OF: CARCINOMA OF THE COLON — Interval Between Onset and Death: 2 YRS
PART II OTHER SIGNIFICANT CONDITIONS
AUTOPSY: No
WAS MEDICAL EXAMINER NOTIFIED: No

ACCIDENT, SUICIDE, HOMICIDE: DATE OF INJURY: HOUR OF INJURY: DESCRIBE HOW INJURY OCCURRED:
INJURY AT WORK: PLACE OF INJURY, AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.: LOCATION: CITY, TOWN, STATE:

STATE OF OREGON, County of Multnomah) ss Date Issued Sep. 26 1984

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full, and correct copy of the original certificate as the same appears on file in the Vital Records Unit of the Oregon State Health Division and in my official care and custody.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION