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

BOOK 112 PAGE 956

CERTIFICATE OF DEATH
ORS - 146

Local File Number | State File Number

DECEASED - NAME: First: Joseph | Middle: Patrick | Last: GRIMM
2 DATE OF DEATH (MONTH, DAY, YEAR): June 27, 1983
4 SEX: Male
5 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White
5A AGE - LAST BIRTHDAY (YEARS): 62
5B UNDER 1 YEAR: MOS. / DAYS
5C UNDER 1 DAY: HOURS / MIN.
6 DATE OF BIRTH (MONTH, DAY, YEAR): August 14, 1920
7B HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET & NO.): Rt. 2, Box 456
7C IF HOSP. OR INST., INDICATE DOA, OPIEMER, RM., INPATIENT (SPECIFY): -
7D COUNTY OF DEATH: Yamhill
7E CITY, TOWN, OR LOCATION OF DEATH: McMinnville
8 PLACE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Oregon
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11 SPOUSE (IF MARRIED, WIDOWED): Bette Ronning
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes
13 SOCIAL SECURITY NUMBER: [redacted]
14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Farmer
14B KIND OF BUSINESS OR INDUSTRY: Tree
15A RESIDENCE - STATE: Oregon
15B COUNTY: Yamhill
15C CITY, TOWN, OR LOCATION: McMinnville
15D STREET AND NUMBER OR R.F.D.: Rt. 2, Box 456 97128
15E INSIDE CITY LIMITS (SPECIFY YES OR NO): No
16 FATHER - NAME - FIRST MIDDLE LAST: Lewis Grimm
17 MOTHER - MAIDEN NAME - FIRST MIDDLE LAST: Bonnie Sunderland
18 INFORMANT - NAME AND RELATIONSHIP TO DECEASED: Bette Grimm, Wife
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation
19B CEMETERY OR CREMATORY - NAME: Willamette Crematory
19C LOCATION - CITY OR TOWN, STATE: Tigard, Oregon
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH - SIGNATURE: Dean Thomas
20B NAME AND ADDRESS OF FACILITY: Macy & Son 2nd & Evans McMinnville, Oregon 97128

CERTIFICATION - MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR): Found 7:45 a.m.
21B THE DECEDENT WAS PRONOUNCED DEAD - MONTH: June, DAY: 27, YEAR: 1983, HOUR: 8:00 a.m.
21C FROM: NATURAL CAUSES [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]
CERTIFIER - SIGNATURE: Ronald W. Fleck MD
DEGREE OR TITLE
21E NAME (TYPE OR PRINT): Ronald W. Fleck, M.D.
MEDICAL EXAMINER FOR: Yamhill COUNTY
21G DATE SIGNED (MONTH, DAY, YEAR): June 30, 1983
22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): June 30, 1983
22B REGISTRAR (SIGNATURE): Pauline Palmer

PART I — IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C.))
(A) Arteriosclerotic heart disease — DUE TO, OR AS A CONSEQUENCE OF:
(B) — DUE TO, OR AS A CONSEQUENCE OF:
(C)
INTERVAL BETWEEN ONSET AND DEATH: unknown

PART II — OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): Obesity
AUTOPSY (SPECIFY YES OR NO): No

23A DATE OF INJURY (MONTH, DAY, YEAR)
23B HOUR
23C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)
23D WAS INJURY AT WORK (SPECIFY YES OR NO)
23E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
23F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

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FILED FOR RECORD
SKAMANIA CO WASH
BY ML ADAMS TITLE
FEB 10 2 56 PM '89
GARY M. OLSON
AUDITOR

STATE OF OREGON

County of YAMHILL

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

PAULINE PALMER
Registrar Vital Statistics

BY Pauline Palmer

DATE June 30 1983

NOT VALID WITHOUT RAISED SEAL OF YAMHILL COUNTY HEALTH CENTER

VOID IF ALTERED