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CERTIFIED COPY BOOK J PAGE 160
OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

LOCAL REGISTRAR'S

NUMBER 157

STATE OF OREGON
BOARD OF HEALTH
PUBLIC HEALTH SERVICE

STATE FILE NO.

DATE RECEIVED APR 26 1967

1. NAME OF DECEASED (Type or print all entries in black ink)		First LEVI	Middle B.	Last MILES
2. PLACE OF DEATH A. COUNTY WASHINGTON		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE WASHINGTON B. COUNTY SKAMANIA		
B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION HILLSBORO		C. LENGTH OF STAY IN 2B D.O.A.		
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION DOA TUALITY COM. HOSP.		D. STREET ADDRESS, RURAL ROUTE, ETC. 206 CASCADE AVE.		
4. DATE OF DEATH Month Day Year APRIL 9 1967	5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. SOCIAL SECURITY NO. [REDACTED]	9. USUAL OCCUPATION (Kind of work done during most of life) MAINTENANCE	10. KIND OF BUSINESS OR INDUSTRY CIVIL SERVICE	11. NAME OF SPOUSE LUESEAL MILES	
12. DATE OF BIRTH Month Day Year OCTOBER 25 1901	13. AGE LAST BIRTHDAY Yrs. 65	14. BIRTHPLACE (State or Foreign Country) NEWTON, KANSAS		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? W. W. 2		17. NAME OF FATHER CHARLES H. MILES		
18. MAIDEN NAME OF MOTHER MARY ANN BILLINGS		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED LUESEAL MILES, Wife		
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE. If multiple causes, list them in order of sequence.) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Heart disease</i> Interval Between Onset and Death (Years, days, hours, minutes) DUE TO (B): <i>Myocardial infarction</i> DUE TO (C): PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): 21. If deceased was Female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 22. Was an Autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No 23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide 24. IF ACCIDENT OR INJURY OCCURRED <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work 25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) 25B. City County State 26. TIME OF INJURY Hour Minute 27. DESCRIBE HOW INJURY OCCURRED. 28. CERTIFICATE: I certify that (attended) (witnessed the death of) the deceased from or on 6/21/63 to 1:15a (date) and that the death occurred at 4-13-67 (date) from the cause and on the date stated above. (Signature) (Title) (Address) (Date Signed) 29. RESERVED FOR REGISTRAR'S USE 30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other 30B. DATE 4-9-67 30C. NAME OF CREMATORY OR CEMETERY VILLANETTE NATIONAL 30D. LOCATION (City or Town) State PORTLAND, OREGON 31. DATE RECEIVED BY LOCAL REGISTRAR 4-17-67 32. REGISTRAR'S SIGNATURE J. Wells 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS J. M. FRIESEN FRIESEN-MORTUARY Hillsboro, Oregon				

STATE OF OREGON

County of Multnomah

DATE ISSUED

MAY 4 1967

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 Statistics Section of the Oregon State Board of Health and in my official care and custody.

STATE REGISTRAR