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

# CERTIFICATE OF DEATH

Local File Number | State File Number

**1 DECEASED—NAME** (First, Middle, Last): Bruce R. WAYENBERG

**2 DATE OF DEATH** (month, day, year): April 21, 1984

**3 RACE** (White, Black, American Indian, etc. (specify)): white

**4 SEX**: male

**5a AGE**—Last Birthday (years): 63

**5b** Under 1 year (mos, days):

**5c** Under 1 day (hours, min):

**6 DATE OF BIRTH** (month, day, year): September 14, 1920

**7a CITY, TOWN OR LOCATION OF DEATH**: Newberg

**7b HOSPITAL OR OTHER INSTITUTION—NAME** (If not in either, give street and number): 2901 E. 2nd # 4

**7c** IF HOSP OR INST Indicate DOA, OP/Emer., Rm., Inpatient [Specify]:

**7d COUNTY OF DEATH**: Yamhill

**8 STATE OF BIRTH** (If not in U.S.A. name country): Washington

**9 CITIZEN OF WHAT COUNTRY**: U.S.A.

**10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (specify): married

**11 SPOUSE** (IF MARRIED, WIDOWED): Pearl Wayenberg

**12 WAS DECEDENT EVER IN U.S. ARMED FORCES?** [Specify Yes or No]: no

**13 SOCIAL SECURITY NUMBER**: [redacted]

**14a USUAL OCCUPATION** (give kind of work done during most of working life, even if retired): self employed

**14b KIND OF BUSINESS OR INDUSTRY**: General Construction

**15a RESIDENCE—STATE**: Oregon

**15b COUNTY**: Yamhill

**15c CITY, TOWN, OR LOCATION**: Newberg

**15d STREET AND NUMBER OR R.F.D., ZIP**: 2901 E. 2nd #4

**15e** Inside City Limits (specify yes or no): yes

**16 FATHER**—NAME first middle last: Peter J. Wayenberg

**17 MOTHER**—first middle last (Maiden Name): Jennie Christenson

**18 INFORMANT**—NAME and relationship to deceased: Pearl E. Wayenberg, 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]: Ronald Attrell

**20b NAME AND ADDRESS OF FACILITY**: Attrell's Newberg Chapel, 201 Villa Rd., Newberg, Ore

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

**21a** [Signature]: Norman Willis MD

**21b DATE SIGNED** [Mo., Day, Yr.]: 4/22/84

**21c HOUR OF DEATH**: 1:45 a M

**21d NAME AND ADDRESS OF CERTIFIER** [Type or Print]: Norman Willis, M.D., Emanuel Hospital, 2801 N. Gantenbein, Portland, Ore.

**21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER** [Type or Print]:

**22a DATE RECEIVED BY REGISTRAR** [Mo., Day, Yr.]: April 26, 1984

**22b REGISTRAR** [Signature]: Pauline Palmer

**23 IMMEDIATE CAUSE** (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].)

PART I

(a) Ironton — Interval between onset and death: 3 months

DUE TO, OR AS A CONSEQUENCE OF:

(b) Carcinomatosis — Interval between onset and death: 5 months

DUE TO, OR AS A CONSEQUENCE OF:

(c) Lung Cancer — Interval between onset and death: 10 months.

**PART II** OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

**24 AUTOPSY** [Specify Yes or No]:

**25 WAS MEDICAL EXAMINER NOTIFIED** [Specify Yes or No]: no

**26a ACCIDENT** [Specify Yes or No]:

**26b DATE OF INJURY** [Mo., Day, Yr.]:

**26c HOUR OF INJURY**: M

**26d DESCRIBE HOW INJURY OCCURRED**:

**26e INJURY AT WORK** [Specify Yes or No]:

**26f PLACE OF INJURY**—At home, farm, street, factory, office building, etc. [Specify]:

**26g LOCATION** STREET OR R.F.D. NO. CITY OR TOWN STATE:

**RESERVED FOR REGISTRAR'S USE**

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45-2 REV. 12-83

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.

SEAL

NOT VALID WITHOUT RAISED SEAL OF YAMHILL COUNTY HEALTH CENTER

PAULINE PALMER
Registrar Vital Statistics

BY Pauline Palmer

DATE April 26 1984

VOID IF ALTERED