81-001689

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

527

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

DECEASED NAME: First FINN; Middle ARNLJOT; Last BRUUN

DATE OF DEATH: January 27, 1981

RACE: White

SEX: Male

DATE OF BIRTH: October 30, 1916

CITY, TOWN OR LOCATION OF DEATH: Portland

HOSPITAL OR OTHER INSTITUTION—NAME: Physicians & Surgeons

COUNTY OF DEATH: Multnomah

STATE OF BIRTH: Washington

CITIZEN OF WHAT COUNTRY: USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married

SPOUSE IF MARRIED

WAS DECEDENT EVER IN U.S. ARMED FORCES?

SOCIAL SECURITY NUMBER

USUAL OCCUPATION: Truck Driver

KIND OF BUSINESS OR INDUSTRY

RESIDENCE—STATE: Oregon

COUNTY: Multnomah

CITY, TOWN, OR LOCATION

STREET AND NUMBER OR R.F.D. ZIP

FATHER NAME

MOTHER Maiden Name

INFORMANT NAME and relationship

DISPOSITION

BURIAL, CREMATION, REMOVAL, MAUS: Cremation

CEMETERY OR CREMATORY NAME: Willamette Crematory

LOCATION: Tigard, Oregon

FUNERAL SERVICE LICENSEE

NAME AND ADDRESS OF FACILITY: Lone-Memorial Cremation Society, 233 NE Holladay, Portland, O

CERTIFIER

DATE SIGNED: 2-1-81

HOUR OF DEATH: 2:45 A.M.

NAME AND ADDRESS OF CERTIFIER: CHARLES SOUTH, JR., M.D. Surgeon, 1000 W. Marshall St., Portland, Oregon 97210

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

DATE RECEIVED BY REGISTRAR: FEB 3 1981

REGISTRAR: James J. McOllister

CAUSE OF DEATH

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I

IMMEDIATE CAUSE: HEPATORENAL FAILURE — Days

DUE TO OR AS A CONSEQUENCE OF: HEPATIC METASTASES — 1 YR

DUE TO OR AS A CONSEQUENCE OF: CARCINOMA OF THE COLON — 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 — LOCATION

Unofficial Copy

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