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

81-001689

527

CERTIFICATE OF DEATH

State File Number

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

DECEDENT

DECEASED — First: FINN — Middle: ARNLJOT — Last: BROUN

DATE OF DEATH (month, day, year): January 27, 1981

RACE: White — SEX: Male — AGE: 64 — 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: [illegible] — WAS DECEDENT EVER IN U.S. ARMED FORCES?: [illegible]

SOCIAL SECURITY NUMBER: [illegible] — USUAL OCCUPATION: Bus Driver — KIND OF BUSINESS OR INDUSTRY: [illegible]

RESIDENCE - STATE: [illegible] — COUNTY: Mult. — CITY, TOWN, OR LOCATION: [illegible] — STREET AND NUMBER OR R.F.D. — ZIP: [illegible]

FATHER NAME: [illegible] — MOTHER Maiden Name: [illegible] — INFORMANT NAME and relationship: [illegible]

DISPOSITION

BURIAL, CREMATION, REMOVAL, MAUS: Cremation — CEMETERY OR CREMATORY NAME: Willamette Crematory — LOCATION: Tigard, Oregon

FUNERAL SERVICE LICENSEE: [illegible] — NAME AND ADDRESS OF FACILITY: None-Memorial Cremation Society, 233 NE Holladay, Portland, O

CERTIFIER

NAME AND ADDRESS OF CERTIFIER: [illegible] — DATE SIGNED: 2-2-81 — HOUR OF DEATH: 2:45 A. M

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: CHARLES SOUTH, JR., M.D. — Surgeon — [illegible] W. Marshall St. — Portland, Oregon 97210

DATE RECEIVED BY REGISTRAR: FEB 3 1981 — REGISTRAR: James J. McCullough

CAUSE OF DEATH

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

PART I
IMMEDIATE CAUSE: HEPATORENAL FAILURE — Interval: Days
DUE TO OR AS A CONSEQUENCE OF: HEPATIC METASTASES — Interval: 1 YR
DUE TO OR AS A CONSEQUENCE OF: CARCINOMA OF THE COLON — Interval: 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

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