...ON STATE HEALTH DIVISION
...ment of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

BOOK 139 PAGE 617

117995

Local File Number

State File Number

1 DECEASED—NAME: First: John; Middle: William; Last: BUTLER

2 DATE OF DEATH (month, day, year): May 15, 1983

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

4 SEX: Male

5a AGE—Last Birthday (years): 79

5b Under 1 year: months / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): April 30, 1904

7a CITY, TOWN OR LOCATION OF DEATH: Portland

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Bess Kaiser Hospital

7c If Hosp or Inst, Indicate DOA, Office, Res., Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Multnomah

8 STATE 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): LaRena Easley

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): Retired Machinist

14b KIND OF BUSINESS OR INDUSTRY: Bonneville Dam

15a RESIDENCE—STATE: Wash.

15b COUNTY: Clark

15c CITY, TOWN, OR LOCATION: Washougal

15d STREET AND NUMBER OR R.F.D., ZIP: 2038 E Street 98671

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

16 FATHER—NAME first middle last: William Butler

17 MOTHER—Maiden Name first middle last: Sarah Groves

18 INFORMANT—NAME and relationship to deceased: LaRena Butler - Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Little Chapel of the Chimes

19c LOCATION city or town state: Portland, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Lyle Barnett

20d NAME AND ADDRESS OF FACILITY: Straub's Funeral Home, 325 N.E. 3rd, Camas, WA 9[illegible]

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]: N.I. Birndorf

21b DATE SIGNED [Mo., Day, Yr.]: 16 May 83

21c HOUR OF DEATH: 0010 M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Norman I. Birndorf, M.D. 9055 N. Greeley Avenue Portland, Oregon 97217

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAY 16 1983

22b REGISTRAR [Signature]: Arthur W. Bloom

PART I 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)): (a) Cerebrovascular Accident (Brainstem) — Interval between onset and death: 12 hours

DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:

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): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

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

STATE OF OREGON
COUNTY OF MULTNOMAH

Date MAY 16 1983

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This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

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Nov 18 11 59 AM '93
SEAL
AUDITOR
GARY M. OLSON

016250
REAL ESTATE EXCISE TAX
NOV 18 1993
PAID exempt
SKAMANIA COUNTY TREASURER

Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

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