

1953 DEATH CERTIFICATES  
 MULTNOMAH CO. 9/29-9/30

250/30

N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

STATE PRINTING DEPT.

STANDARD CERTIFICATE OF DEATH											
LOCAL REGISTRAR'S NUMBER <u>3710</u>						STATE OF OREGON BOARD OF HEALTH—PORTLAND FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE			STATE FILE NO. <u>10581</u> DATE RECEIVED <u>OCT 12 1953</u>		
1. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>Kate</u> b. (Middle) c. (Last) <u>Pateman</u> <span style="float: right;">332X</span>											
2. PLACE OF DEATH A. COUNTY <u>Multnomah</u>						3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). A. STATE <u>Oregon</u> B. COUNTY <u>Mult.</u>					
B. CITY (If outside corporate limits, write RURAL location) <u>Portland</u>				C. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		C. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Portland rural</u>					
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Multnomah Hospital</u>						D. STREET (If rural, give location) ADDRESS <u>5368 S. E. Flavel Drive</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>9 30 1953</u>			5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		7B. NAME OF HUSBAND OR WIFE <u>William</u>		
8. DATE OF BIRTH <u>9-29-1869</u>			9. AGE (In years last birthday) <u>84</u>		10. BIRTHPLACE (State or foreign country) <u>England</u>		11. CITIZEN OF WHAT COUNTRY?				
12. FATHER'S NAME <u>Charles Clark</u>						13. MOTHER'S MAIDEN NAME <u>Ellen Cresswell</u>					
14A. USUAL OCCUPATION <u>Home</u>			14B. KIND OF BUSINESS OR INDUSTRY			15. IF VETERAN, NAME WAR			16. INFORMANT'S OWN SIGNATURE <u>James Cormack</u>		
17. SOCIAL SECURITY NO.			MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <u>Cerebro-Vasc. Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH		
18. CAUSE OF DEATH			ANTECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (B) <u>Generalized Art. Sclerosis</u> DUE TO (C) <u>Myocardial infarction.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT SUICIDE HOMICIDE (Specify)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)			21C. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?					
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>9-11</u> , 19 <u>53</u> , TO <u>9-30</u> , 19 <u>53</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>9-30</u> , 19 <u>53</u> , AND THAT DEATH OCCURRED AT <u>1:57 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE. <u>F. FLOYD SOUTH, M. D. Coroner</u> <u>Asst. Med. Ex. Rep.</u>											
23A. SIGNATURE <u>Victor L. Menardo</u> (Degree or title) <u>M.D.</u>				23B. ADDRESS <u>Multnomah Hospital</u>				23C. DATE SIGNED <u>10-1-53</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24B. DATE <u>10/3/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Lincoln Memorial Park</u>			24D. LOCATION (City, town, or county) (State) <u>Portland, Oregon</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Oct 2 1953</u>			REGISTRAR'S SIGNATURE <u>Chas. A. Meador</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. J. Rose &amp; Son, Portland, Oregon</u>					