

DEATH CERTIFICATES - 1963  
2013A-026

MULTNOMAH COUNTY

DEC 1 - DEC 7

550p 2-17-64

LOCAL REGISTRAR'S NUMBER 1064

STATE OF OREGON  
BOARD OF HEALTH -- PORTLAND  
PUBLIC HEALTH SERVICE

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. 17576

DATE RECEIVED DEC 27 1963

1. NAME OF DECEASED (Type or print all entries in black ink)  
First Middle Last  
Lillian (Lily) Ann Levings

2. PLACE OF DEATH  
A. COUNTY Multnomah  
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify) Gresham  
C. LENGTH OF STAY IN 2B 5mo  
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Gresham Convalescent Hospital N. E. 5th & Beech St

3. USUAL RESIDENCE (If Institution, give residence before admission)  
A. STATE Oregon B. COUNTY Multnomah  
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify) Portland CC  
D. STREET ADDRESS, RURAL ROUTE, ETC. 2834 N. W. Nevada Court

4. DATE OF DEATH Month Day Year Dec 3, 1963  
5. SEX Fe  
6. COLOR OR RACE Wh  
7. MARITAL STATUS  
☐ Married ☒ Widowed  
☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO. no  
9. USUAL OCCUPATION (Kind of work done during most of life) Housewife  
10. KIND OF BUSINESS HOME  
11. NAME OF SPOUSE Arthur

12. DATE OF BIRTH Month Day Year July 7, 1875  
13. AGE LAST BIRTHDAY Yrs. 88  
IF UNDER 1 YEAR Months Days  
IF UNDER 24 HOURS Hours Minutes

14. BIRTHPLACE (State or Foreign Country) Yatton Somerset England  
15. WAS DECEASED A CITIZEN OF  
☒ U. S. ☐ Foreign Country Name of Country  
16. IF DECEASED WAS A VETERAN, WHAT WAR? No

17. NAME OF FATHER Esau Neades  
18. MAIDEN NAME OF MOTHER Emma Crease  
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Wm Moore Son

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C))  
PART I: DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (A): CVA (myocardial)  
Interval Between Onset and Death (Years, days, hours, etc.) 1 wk  
Conditions, if any, ) DUE TO (B): cerebral artery sclerosis  
which gave rise to )  
above cause (a), )  
stating the under- )  
lying cause last ) DUE TO (C):  
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Unimpaired heart

21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☒ No ☐ Unknown  
22. Was an Autopsy performed? ☐ Yes ☒ No

23. WAS DEATH RESULT OF  
☐ Accident ☐ Suicide ☐ Homicide  
24. IF ACCIDENT, DID INJURY OCCUR  
☐ At Work ☐ Not At Work  
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)  
25B. City County State

26. TIME OF INJURY Hour Month Day Year  
a. m.  
p. m.  
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE:  
I Certify that I attended (investigated the death of) the deceased from or on 1962 to 1963 and that the death occurred at 9:26 AM from the cause and on the date stated above.  
(Signature) Earl Smith, M.D. (Title) Registrar (Address) Portland, Oregon (Date Signed) 12-9-63

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE  
☒ Buried ☐ Cremated ☐ Removed ☐ Other  
30B. DATE 12/6/63  
30C. NAME OF CREMATORY OR CEMETERY Columbian  
30D. LOCATION (City or Town) State Portland, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR DEC 12 1963  
32. REGISTRAR'S SIGNATURE  
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS  
Portland, Oregon

331X