

STATE OF OREGON

CERTIFICATION OF VITAL RECORD



144068
I.D. TAG NO.
1125
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

93-013129

State File Number

1. DECEDENT'S NAME First: Leland Middle: Eugene Last: JONES			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) June 25, 1993
4. SOCIAL SECURITY NUMBER 519-28-2356	5a. AGE-Last Birthday (Years) 60	5b. Under 1 Year Mos. Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Gooding, Idaho	7. DATE OF BIRTH (Month, Day, Year) January 13, 1933
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Freeway		
9b. FACILITY NAME (If not institution, give street and number) Interstate 5, north of Elligsen Road		9c. CITY, TOWN, OR LOCATION OF DEATH Wilsonville		9d. COUNTY OF DEATH Washington
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Self Employed		10b. KIND OF BUSINESS/INDUSTRY Automobile Repair		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed) Betty				
13a. RESIDENCE - STATE Oregon	13b. COUNTY Multnomah	13c. CITY, TOWN OR LOCATION Portland	13d. STREET AND NUMBER 6922 SE 87th	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 College (14 or 5+)		
17. FATHER - NAME first middle last James Michael Jones	18. MOTHER - NAME first middle maiden Chatty Lenore Proctor	19. INFORMANT - NAME and relationship to deceased Jeff Jones - Son		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Willamette National Cemetery		20c. LOCATION - City or Town, State Portland, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Erin Phelps</i>	21b. LICENSE NUMBER (Of Licensee) 47-3307	22. NAME, ADDRESS AND ZIP OF FACILITY Omega Cremation & Burial Service 214 NE 20th Portland, Oregon 97232		
23. DATE FILED (Month, Day, Year) JUL 01 1993		24. REGISTRAR'S SIGNATURE <i>Annmarie L. Bennett</i>		

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

JUL 25 2017

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

