ate of Oregon
REGON STATE HEALTH DIVISION
partment of Human Resources

95722

BOOK K PAGE 496

CERTIFICATE OF DEATH

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

Local File Number

State File Number

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS →

1 DECEASED—NAME First: Sarah	Middle: J.	Last: EMERSON			2 DATE OF DEATH (month, day, year): 07 Apr 1983
3 RACE (White, Black, American Indian, etc. (specify)): White	4 SEX: Female	5a AGE—Last birthday (years): 71	Under 1 year: 5b mos. / days	Under 1 day: 5c hours / min	6 DATE OF BIRTH (month, day, year): 10 Jul 1911
7a CITY, TOWN OR LOCATION OF DEATH: Portland	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Good Samaritan	7c IF HOSP. OR INST. Indicate DOA; OP/Emer., Rm., Inpatient (Specify): Inpatient			7d COUNTY OF DEATH: Multnomah
8 STATE OF BIRTH (If not in U.S.A., name country): Canada	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Elmo Emerson		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): Homemaker	14b KIND OF BUSINESS OR INDUSTRY: Own Home			
15a RESIDENCE—STATE: Washington	15b COUNTY: Skamania	15c CITY, TOWN, OR LOCATION: North Bonneville	15d STREET AND NUMBER OR R.F.D., ZIP: 706 Port Rains 98639		15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: John - Burd	17 MOTHER—Maiden Name first middle last: SHELGROVE Jean - Burd	18 INFORMANT—NAME and relationship to deceased: Elmo Emerson, Husband			
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): CREMATION	19bc CEMETERY OR CREMATORY—NAME: Killingsworth Little Chapel of Chimes	19c LOCATION city or town / state: Portland, Oregon			
20a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature): [signature]	20b NAME AND ADDRESS OF FACILITY: GARDNER FUNERAL HOME, INC. White Salmon, WA				

DISPOSITION

1. _____
2. _____
3. _____

CERTIFIER

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): [signature] MD — 21b DATE SIGNED (Mo., Day, Yr.): 4-18-83 — 21c HOUR OF DEATH: 2219 M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): R. Ellerby, M.D. 1015 N.W. 22nd Portland, Oregon

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 20 1983 — 22b REGISTRAR (Signature): [signature]

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST →

		Interval between onset and death
PART I 23. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] (a) Metastatic Breast Cancer		
DUE TO, OR AS A CONSEQUENCE OF: (b)		
DUE TO, OR AS A CONSEQUENCE OF: (c)		

4. _____
5. _____
6. _____

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): NO

26a ACCIDENT (Specify Yes or No): 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): 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 APR 20 1983

HS-2 (Rev. 1/80)

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.

SEAL

MAY 1983 RECEIVED SKAMANIA COUNTY REGISTRAR STEVENSON, WASH.

Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

X

CS-82/615

Com. Prop. AGREE 4-8-77 Vol 72 P6508