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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

2873
Local File Number

State File Number

DECEASED—NAME (1) First: Edward Middle: C Last: SKILLINGS

DATE OF DEATH (month, day, year) (2): June 2, 1984

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

SEX (4): Male

AGE—Last birthday (years) (5a): 58

Under 1 year: months (5b); days; Under 1 day: hours; min. (5c)

DATE OF BIRTH (month, day, year) (6): September 30, 1925

CITY, TOWN OR LOCATION OF DEATH (7a): Portland

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

IF HOSP. OR INST., indicate DOA, OP/Emer. Rm., Inpatient (Specify) (7c): Inpatient

COUNTY OF DEATH (7d): Multnomah

STATE OF BIRTH (If not in U.S.A., name country) (8): Minnesota

CITIZEN OF WHAT COUNTRY (9): U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) (10): Married

SPOUSE (IF MARRIED, WIDOWED) (11): Nellie Mabra

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) (12): Yes

SOCIAL SECURITY NUMBER (13): [redacted]

USUAL OCCUPATION (give kind of work done during most of working life, even if retired) (14a): Self Employed

KIND OF BUSINESS OR INDUSTRY (14b): Batteries

RESIDENCE—STATE (15a): Washington

COUNTY (15b): Clark

CITY, TOWN, OR LOCATION (15c): Vancouver

STREET AND NUMBER OR R.F.D., ZIP (15d): 6915 Tennessee Lane 98664

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

FATHER—NAME first, middle, last (16): Roy E Skillings

MOTHER—first, middle, last, (Maiden Name) (17): Goldie Plumber

INFORMANT—NAME and relationship to deceased (18): Dee R Skillings - Son

BURIAL, CREMATION, REMOVAL, MAUS. (specify) (19a): Removal/Burial

CEMETERY OR CREMATORY—NAME (19b): Mt Pleasant Cemetery

LOCATION city or town, state (19c): Kelso, Washington

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) (20a): Mildred F. [illegible]

NAME AND ADDRESS OF FACILITY (20b): Ditlevsen Moore Funeral Home 301 Cowlitz Way Kelso Wa. 98626

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.

DATE SIGNED (Mo., Day, Yr.) (21b): 6/4/84

HOUR OF DEATH (21c): 0530 M

21a (Signature): Ekhard K. Ursin

NAME AND ADDRESS OF CERTIFIER (Type or Print) (21d): Ekhard K. Ursin, M.D. 5055 N. Greeley Avenue Portland, Ore 97217

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) (21e): Eldon Andersen, M.D.

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) (22a): JUN 6 1984

REGISTRAR (22b) (Signature): [illegible]

PART I

(23) IMMEDIATE CAUSE (a): Congestive heart failure — Interval between onset and death: 3 days

DUE TO, OR AS A CONSEQUENCE OF (b): Atrophic aortic (bifid) stenosis — 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): Coronary artery disease

AUTOPSY (Specify Yes or No) (24): Yes

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

ACCIDENT (Specify Yes or No) (26a)

DATE OF INJURY (Mo., Day, Yr.) (26b)

HOUR OF INJURY (26c)

DESCRIBE HOW INJURY OCCURRED (26d)

INJURY AT WORK (Specify Yes or No) (26e)

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) (26f)

LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE (26g)

RESERVED FOR REGISTRAR'S USE

FILED FOR RECORD
CLERK [illegible]
Marcet Batt
JUL 16 2 34 PM '84
AUDITOR
DAVID MICHENER

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RECEIVED JUL 1984 SKAMANIA COUNTY AUDITOR STEVENSON, WASH.

STATE OF OREGON, COUNTY OF MULTNOMAH) ss. DATE ISSUED JUNE 25 1984

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

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