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AUDITOR
GARY M. OLSON
102389

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

BOOK 102 PAGE 648

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

08308 ID TAG NO
03633 Local File Number

86-012968 State File Number

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK
01
DECEDENT

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

1 DECEASED — NAME (First, Middle, Last)	Glenys A. ROTH			2 DATE OF DEATH (month, day, year)	July 9, 1986
3 RACE (White, Black, American Indian, etc.) (specify)	White	4 SEX	Female	5a AGE — Last birthday (years)	62
5b Under 1 year (months / days)		5c Under 1 day (hours / min.)		6 DATE OF BIRTH (month, day, year)	December 25, 1923
7a CITY, TOWN OR LOCATION OF DEATH	Portland	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)	Providence Medical Center	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)	Oregon	9 CITIZEN OF WHAT COUNTRY	U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Widowed	11 SPOUSE (IF MARRIED, WIDOWED)	Ben D.	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	No
13 SOCIAL SECURITY NUMBER	542-22-1044	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	Carson
15d STREET AND NUMBER OR R.F.D.	Box 144 Metzger Rd.	ZIP	98610	Inside City Limits (specify yes or no)	Yes
16 FATHER — NAME (First, Middle, Last)	Lionel - Tate	17 MOTHER — (First, Middle, Last, Maiden Name)	Gladys - Olson	18 INFORMANT — NAME and relationship to deceased	Doneen Ober, Daughter

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Rem/Burial	19b CEMETERY OR CREMATORY — NAME	Wind River Memorial Cemetery	19c LOCATION (city or town, state)	CArson, WA
20a FUNERAL SERVICE LICENSEE or Person acting as such (Signature)	A. T. Duck	20b NAME AND ADDRESS OF FACILITY	GARDNER FUNERAL HOME, INC. White Salmon, WA		

1 ____
2 902
3 1

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) [illegible] M.D. 21b DATE SIGNED (Mo., Day, Year) Jul 21, 1986 21c HOUR OF DEATH 0200 M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) 21d P. J. Kane, M.D. 510 N.E. 49th #421 Portland, OR ZIP 97205

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) JUL 29 1986 22b REGISTRAR (Signature) William W. Blaser

CAUSE OF DEATH

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

PART I 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) (a)	Advancement of [illegible]	Interval between onset and death: 9 mos.
DUE TO, OR AS A CONSEQUENCE OF (b)		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)		24 AUTOPSY (Specify Yes or No): No; 25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

4					
5					
6					
26a ACCIDENT (Specify Yes or No): No	26b DATE OF INJURY (Mo., Day, Year)	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	

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐ Not available
WAS GIFT MADE? YES ☐ NO ☒ N/A ☐

RESERVED FOR REGISTRAR'S USE

8-1-84

ORIGINAL–VITAL STATISTICS COPY

Registered
Indexed, Dir
Indirect
Filmed
Mailed

65-2 Rev. 1-86

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED AUG 18 1986

JOSEPH D. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE