CERTIFICATION OF VITAL RECORD

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105618

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

ES-1020/WI-656

45648 I.D. TAG NO.
64025 Local File Number

88-013384 State File Number
136-

CERTIFICATE OF DEATH

1 DECEDENT'S NAME: First SAMUEL Middle ERNEST Last BOOTH
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): JULY 9, 1988
4 SOCIAL SECURITY NUMBER:
5a AGE - Last Birthday (Years): 71
5b UNDER 1 YEAR: Mos. Days
5c UNDER 1 DAY: Hours Mins.
6 BIRTHPLACE (City and State or Foreign Country): Deering, North Dakota
7 DATE OF BIRTH (Month, Day, Year): October 28, 1916
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? X Yes ☐ No
9a PLACE OF DEATH (Check only one): X Hospital: Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): VETERANS ADMINISTRATION MEDICAL CENTER
9c CITY, TOWN, OR LOCATION OF DEATH: PORTLAND
9d COUNTY OF DEATH: MULTNOMAH
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Civil Engineer
10b KIND OF BUSINESS/INDUSTRY: Army Corps of Engineers
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12 SPOUSE (If Married, Widowed, Divorced): Isabelle Booth
13a RESIDENCE - STATE: Oregon
13b COUNTY: Multnomah
13c CITY, TOWN, OR LOCATION: Portland
13d STREET AND NUMBER: 13130 S.E. Lincoln St.
13e INSIDE CITY LIMITS? Yes ☐ Yes ☐ No
13f ZIP CODE: 97233
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify: NO
15 RACE - American Indian, Black, White, etc. (Specify): white
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2
17 FATHER - NAME first middle last: Ernest Booth
18 MOTHER - NAME first middle maiden: Susan Allen
19 INFORMANT - NAME and relationship to deceased: Isabelle Booth, Spouse
20a METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify): Burial
20c 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: Jim Peterson
21b LICENSE NUMBER (Of Licensee): 1153
22 NAME, ADDRESS AND ZIP OF FACILITY: Bateman Funeral Chapel, Inc. P O Box 407, Gresham, Oregon 97030

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23 TIME OF DEATH: 2:15 PM
24 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes X No
25 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature): by Michael Cooper, M.D.
26 DATE SIGNED (Month, Day, Year): 7/11/88
30 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): G. Michael Cooper M.D.
VA MEDICAL CENTER
3710 SW US VETERANS HOSPITAL ROAD
PORTLAND, OREGON 97207
31 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Dennis Mazur M.D.

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a TIME OF DEATH:
27b DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
28 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29 DATE SIGNED (Month, Day, Year): COUNTY

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

32 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter modes of dying, e.g. Cardiac or Respiratory Arrest
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Bilateral Pneumonia / Sepsis — Interval between onset and death: 1 week
(b) DUE TO, OR AS A CONSEQUENCE OF: End stage multiple myeloma — Interval between onset and death: 2 years
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)
33 AUTOPSY: ☐ Yes X No
34 IF YES were findings considered in determining cause of death?

35 MANNER OF DEATH: X Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a DATE OF INJURY (Month, Day, Year)
36b TIME OF INJURY
36c INJURY AT WORK? ☐ Yes ☐ No
36d DESCRIBE HOW INJURY OCCURRED
36e PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
36f LOCATION (Street and Number or Rural Route Number, City or Town, State)
37 REGISTRAR'S SIGNATURE: Edward J. Johnson
38 DATE FILED (Month, Day, Year): JUL 18 1988
39 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A
40 WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A
RESERVED FOR REGISTRAR'S USE

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO.
Aug 17 3 40 PM '88
E. Meyer
AUDITOR
GARY M. OLSON

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 15 1988

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

115/R(c)