CERTIFICATION OF VITAL RECORD

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D-4936 I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

Local File Number 136- State File Number

1. DECEDENT'S NAME: First Vivian; Middle Marie; Last SCHINDLER
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 27, 1989
4. SOCIAL SECURITY NUMBER: 537-18-5610
5a. AGE - Last Birthday (Years): 65
5b. Under 1 Year: Mos / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Renton, Washington
7. DATE OF BIRTH (Month, Day, Year): April 11, 1924

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Providence Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Multnomah

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10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Donald L. Schindler

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13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN, OR LOCATION: Stevenson
13d. STREET AND NUMBER: 1050 SW Briggs Road

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13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 98648
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
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+):

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PARENTS

17. FATHER - NAME First middle last: Raymond George Brown
18. MOTHER - NAME First middle maiden: Lulu Rhoda Moore
19. INFORMANT - NAME and relationship to deceased: Self- Prearranged

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DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Uniservice Crematory
20c. LOCATION - City or Town, State: Portland, Oregon

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21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: W. Clay Wilhelm
21b. LICENSE NUMBER (Of Licensee): 3434
22. NAME, ADDRESS AND ZIP OF FACILITY: Lombard Little Chapel of the Chimes, 3018 N. Lombard, Portland, Oregon 97217

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REGISTRAR

23. DATE FILED (Month, Day, Year): AUG 17 1989
24. REGISTRAR'S SIGNATURE: Arthur W. Bloom
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

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9 5/6

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 11:33 A M
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature], M.D.
30. DATE SIGNED (Month, Day, Year): 7-31-89

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

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CERTIFIER

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34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): PAUL M. HANADA, M.D., 1784 MAY ST; HOOD RIVER, OR. 97031

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35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest
PART I (a) Pending results of autopsy — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unk
38. AUTOPSY ☒ Yes ☐ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☒ No ☐ N/A

CAUSE OF DEATH

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40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED AUG 17 1989

Arthur W. Bloom
ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE