CERTIFICATION OF VITAL RECORD

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41578
485
Local File Number

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

136-
State File Number

WI-1129

DECEDENT

1. Decedent's Name (First, Middle, Last)	Melvin M Cook
2. Sex	M
3. Date of Death	April 5, 1988
4. Social Security Number	534-14-8165
5a. Age	69
6. Birthplace	Portland, Oregon
7. Date of Birth	August 25, 1918
8. Was Decedent ever in U.S. Armed Forces?	Yes
9a. Facility Name	St. Vincent Hospital
9c. City, Town, or Location of Death	Portland
9d. County of Death	Washington
10a. Decedent's Usual Occupation	Officer
10b. Kind of Business/Industry	Police Department
11. Marital Status	Married
12. Spouse	Normajean
13a. Residence - State	Oregon
13b. County	Washington
13c. City, Town, or Location	Beaverton
13d. Street and Number	14525 S.W. Glen Brook Road
13e. Inside City Limits?	Yes
13f. Zip Code	97007
15. Race	White
16. Decedent's Education (College)	3

PARENTS

17. Father - Name	Archie M. Cook
18. Mother - Maiden Name	Florence Riefenberg
19. Informant - Name and Relationship	Normajean Cook, Spouse

DISPOSITION

20a. Method of Disposition	Burial
20b. Place of Disposition	Willamette National Cemetery
20c. Location	Portland, Oregon
21a. Signature of Funeral Service Licensee	Charles A. Marin
21b. License Number	3152
22. Name, Address and Zip of Facility	Finley's Sunset Hills, 6801 SW Sunset Hwy, Portland, OR 97225

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. Time of Death: M
24. Was Medical Examiner Notified? [ ] Yes [ ] No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)
26. Date Signed

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. Time of Death	8:07A M
27b. Date Pronounced Dead	April 5, 1988, 8:07A M
27c. 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)	Larry V Lewman MD
27d. Date Signed	April 7, 1988
27e. County	STATE OF OREGON

28. Name, Title, Address and Zip of Certifier: LARRY V. LEWMAN, M. D., STATE MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212
29. Name of Attending Physician if Other Than Certifier

CAUSE OF DEATH

32. Immediate Cause
Part I (a) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE
Due to, or as a consequence of (b)
Due to, or as a consequence of (c)
Part II Other Significant Conditions
33. Autopsy: [ ] Yes [X] No
34. If yes were findings considered in determining cause of death?

35. Manner of Death: [X] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
36. Date of Injury
37. Time of Injury
38. Injury at Work? [ ] Yes [ ] No
39. Describe How Injury Occurred
40. Place of Injury
41. Location

REGISTRAR

42. Registrar's Signature: Jimmie E. Barnett
43. Date Filed: APR 1 2 1988
44. Hospital Representative Made Request for Anatomical Gift Consent? [ ] Yes [X] No [ ] N/A
45. Was Gift Made? [ ] Yes [X] No [ ] N/A
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Jimmie E. Barnett
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

DATE ISSUED APR 1 4 1988

SEAL OF THE STATE OF OREGON 1859

DEPT OF PUBLIC HEALTH WASHINGTON COUNTY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE