

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

113707

BOOK 129 PAGE 176

31276
D TAG NO

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit
CERTIFICATE OF DEATH
ORS - 146

87-003701
State File Number

THE
PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

53
DECEDENT

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

DISPOSITION

CERTIFIER

MEDICAL
EXAMINER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATED IN
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

8902

24

DECEASED - NAME: Ronald D. FCLEY
 RACE: White, SEX: Male, AGE: 45, DATE OF DEATH: 2 March 5, 1987
 DATE OF BIRTH: July 3, 1941
 CITY, TOWN OR LOCATION OF DEATH: Portland, HOSPITAL OR OTHER INSTITUTION: Providence Medical Center
 STATE OF BIRTH: Oregon, CITIZEN OF WHAT COUNTRY: U.S.A., MARRIED: Married, SPOUSE: Margie A.
 SOCIAL SECURITY NUMBER: [REDACTED], USUAL OCCUPATION: Heavy Equipment Operator, KIND OF BUSINESS OR INDUSTRY: Public Utilities
 RESIDENCE - STATE: Washington, COUNTY: Skamania, CITY, TOWN OR LOCATION: Carson, STREET AND NUMBER OR R.F.D.: Box 391 Wilkinson Rd., ZIP: 98648
 FATHER: Charles J. Foley, MOTHER: Caroline - Yemelos, SPOUSE: Margie Foley, Wife
 DISPOSITION: 190 Rem/Burial, 195 Wind River Memorial Cemetery, 196 Carson, Washington
 200 GARDNER FUNERAL HOME, INC. White Salmon, WA
 CERTIFICATION - MEDICAL EXAMINER: I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE AND IN MY OPINION DEATH RESULTED ON OR ABOUT
 DEATH OCCURRED (Month, Day, Year): 2:20 A.M. 21b March 5, 1987 2:20 A.M. FROM: NATURAL CAUSES ACCIDENT SUICIDE
 HOMICIDE UNDETERMINED PENDING
 MEDICAL EXAMINER: Karen Gunson, M. D., DATE SIGNED: March 5, 1987
 DATE RECEIVED BY REGISTRAR: MAR 11 1987, REGISTRAR: Arthur W. Olson
 IMMEDIATE CAUSE: (PART I) (a) ASPHYXIATION BY INHALATION OF CARBON MONOXIDE
 (b) DUE TO OR AS A CONSEQUENCE OF
 (c) DUE TO OR AS A CONSEQUENCE OF
 (PART II) OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I (a)
 DATE OF INJURY: March 5, 1987, HOUR: 12:39 AM, HOW INJURY OCCURRED: Involved in house fire
 PLACE OF INJURY: Home, LOCATION: Wilkinson Road, Carson, Skamania, Washington
 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES NO WAS GIFT MADE? YES NO

REAL ESTATE EXCISE TAX
JUN 11 1992 15019
PAID 2.00

ORIGINAL-VITAL STATISTICS COPY

Registered
Indexed, UIR
Indirect
Filed 6/16/92
Mailed

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 MAR 25 1987

JOSEPH D. CARNEY
STATE REGISTRAR

FILED FOR RECORD
SKAMANIA CO. WASH.
BY SKAMANIA CO. TITL

JUN 10 4 15 PM '92
GARY M. OLSON