113779 BOOK 129 PAGE 335

B-36238 ID TAG NO

123-87 Local File Number

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

CERTIFICATE OF DEATH

State File Number

1 DECEASED — NAME: First Franklin; Middle Harry; Last Morby

2 DATE OF DEATH (month, day, year): November 4, 1987

3 RACE (White, Black, American Ind. etc.): White

4 SEX: Male

5a AGE (Last birthday) (years): 74

5b Under 1 year: months / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): December 15, 1912

7a CITY, TOWN OR LOCATION OF DEATH: Hood River

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Hood River Memorial Hospital

7c IF HOSP. OR INST. Indicate (DOA, OP, Emer. Rm., Inpat.) and (specify): Inpatient

7d COUNTY OF DEATH: Hood River

8 STATE OF BIRTH (If not in U.S.A. name country): Washington

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Bonnibel

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: [redacted]

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy equipment operator

14b KIND OF BUSINESS OR INDUSTRY: Logging

15a RESIDENCE — STATE: Oregon

15b COUNTY: Hood River

15c CITY, TOWN OR LOCATION: Hood River

15d STREET AND NUMBER OR R.F.D.: 1680 Tucker Rd. ZIP 97031

15e Inside City Limits (specify yes or no): No

16 FATHER — NAME first middle last: James Morby

17 MOTHER — first middle last (Maiden Name): Elizabeth Palm

18 INFORMANT — NAME and relationship to deceased: Bonnie Morby (Widow)

19a BURIAL, CREMATION, Removal, Other (Specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Willamette Crematory

19c LOCATION city or town, state: Portland, Oregon

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Jean Y Cox

20b NAME AND ADDRESS OF FACILITY: Anderson Funeral Home 14th & Belmont, Hood River, OR 97031

To Be Completed by CERTIFYING PHYSICIAN Only

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): Paul Hamada, M.D.

21b DATE SIGNED (Mo., Day, Year): 11-5-87

21c HOUR OF DEATH: 6:25 A. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Dr. Paul Hamada, M.D. 1784 May St., Hood River, Oregon 97031 ZIP

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): NOV 05 1987

22b REGISTRAR (Signature): Vicky L Seal

PART I — 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

(a) CEREBROVASCULAR ACCIDENT (STROKE) — Interval between onset and death: 4 DAYS

DUE TO OR AS A CONSEQUENCE OF

(b) ~~[illegible]~~ INTRACEREBRAL BLEED — Interval between onset and death: 4 DAYS

DUE TO OR AS A CONSEQUENCE OF

(c) PANCYTOPENIA — Interval between onset and death: > 5 MONTHS

PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I(a)

MYELODYSPLASIA, CHF, RENAL FAILURE

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Year):

26c HOUR OF INJURY:

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. ☐

WAS GIFT MADE? YES ☐ NO ☒ N.A. ☐

RESERVED FOR REGISTRAR'S USE

46-2 Rev. 6-86

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON

COUNTY OF HOOD RIVER

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the HOOD RIVER COUNTY PUBLIC HEALTH DEPARTMENT.

Vicky L. Seal
County Registrar of Vital Statistics

November 9, 1987
Date

NOT VALID WITHOUT RAISED SEAL OF HOOD RIVER COUNTY HEALTH DEPARTMENT

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