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113780
E-263
ID TAG NO.

1010-91
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

CERTIFICATE OF DEATH

136-
State File Number

DECEDENT

1 DECEDENT'S NAME: First: Bonnibel; Middle: Louise; Last: MORBY

2 SEX: Female

3 DATE OF DEATH (Month, Day, Year): January 28, 1991

4 SOCIAL SECURITY NUMBER: [redacted]

5a AGE - Last Birthday (Years): 84

5b Under 1 Year: Mos / Days

5c Under 1 Day: Hours / Mins

6 BIRTHPLACE (City and State or Foreign Country): Delphas, Kansas

7 DATE OF BIRTH (Month, Day, Year): July 23, 1906

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

9c FACILITY NAME (If not institution, give street and number): 1680 Tucker Road

9c CITY, TOWN, OR LOCATION OF DEATH: Hood River

9d COUNTY OF DEATH: Hood River

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Home Maker

10b KIND OF BUSINESS/INDUSTRY: Own Home

11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed

12 SPOUSE (If Married, Widowed): Franklin Harry Morby

13a RESIDENCE - STATE: Oregon

13b COUNTY: Hood River

13c CITY, TOWN, OR LOCATION: Hood River

13d STREET AND NUMBER: 1680 Tucker Road

13e INSIDE CITY LIMITS? ☐ Yes ☒ No

13f ZIP CODE: 97031

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): ; College (1-4 or 5+): 2

PARENTS

17 FATHER - NAME first middle last: Eugene H. White

18 MOTHER - NAME first middle maiden: Alva Smith

19 INFORMANT - NAME and relationship to deceased: Caroline Nyseth, Daughter

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): Columbia Crematory

20c LOCATION - City or Town, State: Portland, Oregon

REGISTRAR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Albert Dew

21b LICENSE NUMBER (Of Licensee): 3529

22 NAME, ADDRESS AND ZIP OF FACILITY: Anderson Funeral Home, 1401 Belmont Rd., Hood River, Or. 97031

23 DATE FILED (Month, Day, Year): January 28, 1991

24 REGISTRAR'S SIGNATURE: Leida R. Hanshaw

25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26 WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 3:50 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): 1-28-91

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

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Dr. Paul Hamada MD., 1784 May Street, Hood River, Oregon 97031

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

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE 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) CONGESTIVE HEART FAILURE — Interval between onset and death: 6 MONTHS
DUE TO, OR AS A CONSEQUENCE OF:
(b) ATHEROSCLEROTIC HEART DISEASE — Interval between onset and death: 2 YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(c) Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I
D.M. II ; RHEUMATOID ARTHRITIS

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

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)

RESERVED FOR REGISTRAR'S USE

FILED FOR RECORD
SKAMANIA CO. WASH
BY Tennis Myers
Jun 13 4 42 PM '92
O Lowry
AUDITOR
GARY P. OLSON

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45-2 REV 3-90

STATE OF OREGON

COUNTY OF HOOD RIVER

HOOD RIVER COUNTY HEALTH DEPARTMENT

NOT VALID WITHOUT RAISED SEAL OF HOOD RIVER COUNTY HEALTH DEPARTMENT

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

Leida Ruth Hanshaw
County Registrar of Vital Statistics

January 28, 1991
DATE

Registered
Indexed, Dir
Indirect
Filmed 7/7/92
Mailed