TYPE OR PRINT IN PERMANENT BLACK INK

114068

C-0004
I.D. TAG NO.

BOOK 129 PAGE 930

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

1014-91
Local File Number

136
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Kermit | Middle: R. | Last: RUSSELL
2. SEX: male
3. DATE OF DEATH (Month, Day, Year): Feb. 3, 1991
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE - Last Birthday (Years): 88
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Marion, OR
7. DATE OF BIRTH (Month, Day, Year): Aug. 24, 1902
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)
9b. FACILITY NAME (If not institution, give street and number): Hood River Care Center
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): Foreman
10b. KIND OF BUSINESS/INDUSTRY: State Highway Dept.
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Mabel C.
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN, OR LOCATION: Carson
13d. STREET AND NUMBER: Box 178 Boyd Street
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 98610
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): unknown | College (1-4 or 5+): unknown

PARENTS

17. FATHER - NAME first middle last: Chester - Russell
18. MOTHER - NAME first middle maiden: Della M. Rutherford
19. INFORMANT - NAME and relationship to deceased: Mabel Russell, Wife

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): Park Hill Crematory
20c. LOCATION - City or Town, State: Vancouver, WA
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: R. L. Dierick
21b. LICENSEE NUMBER (Of Licensee): 1482
22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. Box 390 White Salmon, WA 98672

REGISTRAR

23. DATE FILED (Month, Day, Year): FEB 07 1991
24. REGISTRAR'S SIGNATURE: Dorothy A. O'Dell
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: 1415 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): J. Allan Henderson MD
30. DATE SIGNED (Month, Day, Year): 2-6-91
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): J. Allan Henderson, M.D. 11th & June Hood River, OR 97031
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

CAUSE OF DEATH

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) dissecting abdominal aortic aneurysm — Interval between onset and death: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(b) peripheral vascular disease — Interval between onset and death: 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.
arteriosclerotic heart disease

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

SKAMANIA CO. WASH
BY SKAMANIA CO. HEALTH
JUL 21 3 49 PM '92

ORIGINAL — VITAL STATISTICS COPY

45-2 REV. 1-89

STATE OF OREGON

COUNTY OF HOOD RIVER

HOOD RIVER COUNTY HEALTH DEPARTMENT

NOT VALID WITHOUT RAISED SEAL OF HOOD RIVER COUNTY HEALTH DEPARTMENT

GARY M. OLSON

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.

Dorothy A. O'Dell
County Registrar of Vital Statistics

FEB 07 1991
DATE

Registered
Indexed, Dir
Indirect
Filmed 8/6/92
Mailed