CERTIFICATION OF VITAL RECORD

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#120012 I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Local File Number — 136- — State File Number

1 DECEDENT'S NAME First	Middle	Last	2 SEX	3 DATE OF DEATH (Month, Day, Year)	
Samuel	Lewis	MOORE	Male	March 16, 1992	
4 SOCIAL SECURITY NUMBER	5a AGE Last Birthday (Years)	5b Under 1 Year Mos / Days	5c Under 1 Day Hours / Mins	6 BIRTHPLACE (City and State or Foreign Country)	7 DATE OF BIRTH (Month, Day, Year)
[redacted]	69			Stevenson, WA	August 3, 1922

DECEDENT

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

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

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
9549 N.W. Elva	Portland	Multnomah

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	10b KIND OF BUSINESS/INDUSTRY	11 MARITAL STATUS Married, Never Married, Widowed, Divorced (Specify)	12 SPOUSE (If Married, Widowed, Divorced)
Tank Cleaner	Trucking Co.	Married	June Moore

13a RESIDENCE - STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
Oregon	Multnomah	Portland	9549 N.W. Elva

13e INSIDE CITY LIMITS? X Yes ☐ No	13f ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) X No ☐ Yes Specify	15 RACE American Indian, Black, White, etc. (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary, Secondary (1-12) / College (1 or More)
	97231		White	8

PARENTS

17 FATHER - NAME first middle last	18 MOTHER - NAME first middle maiden	19 INFORMANT - NAME and relationship to deceased
Leo Roy Moore	Ruby Nix	June Moore, Wife

DISPOSITION

20a METHOD OF DISPOSITION ☐ Mausoleum XX Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	20c LOCATION City or Town, State
	Skyline Memorial Gardens	Portland, OR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b LICENSE NUMBER (Of Licensee)	22 NAME, ADDRESS AND ZIP OF FACILITY
Vinnie L. Floyd	47-3463	Skyline Funeral Home 97229 4101 NW Skyline Blvd., Portland, OR

REGISTRAR

23 DATE FILED (Month, Day, Year) MAR 2 3 1992

24 REGISTRAR'S SIGNATURE Arthur W. Bloom

25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES XX NO ☐ NA

26 WAS GIFT MADE? ☐ YES X NO ☐ NA

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH 5:35 a.m.	28 WAS MEDICAL EXAMINER NOTIFIED? X 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]

30 DATE SIGNED (Month, Day, Year) Mar 18, 1992

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Peter J. Kane, M.D., 510 N.E. 49th, Suite 421, Portland, OR 97213

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 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) Small Cell Carcinoma of Lung — Interval between onset and death 9 Mos

(b) DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death

(c) DUE TO, OR AS A CONSEQUENCE OF

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I

37 Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☐ Unknown

38 AUTOPSY ☐ Yes X No

39 If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40 MANNER OF DEATH: X 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)	

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

MAR 2 3 1992
DATE ISSUED

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FILED FOR RECORD
STATE OF WASH
BY Jan Kirkpatrick
SEP 29 9 48 AM '92
P. Lowry
DEPUTY
GARY M. OLSON