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BOOK 100 PAGE 12

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

CERTIFICATE OF DEATH

Local File Number | State File Number

1 DECEASED—NAME (First, Middle, Last): WILFORD LE ROY MARLETT			2 DATE OF DEATH (month, day, year): April 16, 1981
3 RACE (White, Black, American Indian, etc. (specify)): White	4 SEX: Male	5a AGE—Last birthday (years): 57	5b Under 1 year (mos. / days): 5c Under 1 day (hours / min.)	6 DATE OF BIRTH (month, day, year): August 22, 1923
7a CITY, TOWN OR LOCATION OF DEATH: Portland	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Emanuel Hospital	7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient	7d COUNTY OF DEATH: Multnomah
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): Carol Stone	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes
13 SOCIAL SECURITY NUMBER: [redacted]	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Retired Firefighter	14b KIND OF BUSINESS OR INDUSTRY: Federal Civil Service		
15a RESIDENCE—STATE: Washington	15b COUNTY: Skamania	15c CITY, TOWN, OR LOCATION: N. Bonneville	15d STREET AND NUMBER OR R.F.D., ZIP: Box 134 98639	15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: John L. Marlett	17 MOTHER—Maiden Name first middle last: Nellie DeGeyer	18 INFORMANT—NAME and relationship to deceased: Carol Marlett - Wife		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation	19b CEMETERY OR CREMATORY—NAME: Little Chapel of the Chimes	19c LOCATION city or town state: Portland, Oregon		
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Lee E. Barnett	20b NAME AND ADDRESS OF FACILITY: Straub's Funeral Home, 325 N.E. 3rd Ave., Camas, WA 98607			

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: Monica A. Yoshinaga, M.D.	21b DATE SIGNED [Mo., Day, Yr.]: April 21, 1981	21c HOUR OF DEATH: 1555 M

NAME AND ADDRESS OF CERTIFIER [Type or Print]: 21d MONICA A. YOSHINAGA, M.D., 2211 E. MILL PLAIN BLVD., VANCOUVER, WA. 98661

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: 21e

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: APR 23 1981	22b REGISTRAR [Signature]: James J. McAllister

PART I

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]		
(a) CARDIOGENIC SHOCK WITH CARDIORESPIRATORY ARREST		Interval between onset and death: 2 hrs.
DUE TO, OR AS A CONSEQUENCE OF		
(b) ACUTE MYOCARDIAL INFARCTION		Interval between onset and death: 3 hrs.
DUE TO, OR AS A CONSEQUENCE OF		
(c) CORONARY ARTERY DISEASE		Interval between onset and death: unknown

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

24 AUTOPSY [Specify Yes or No]: Yes	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: Yes

26a ACCIDENT [Specify Yes or No]: No	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY M	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	

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON
COUNTY OF MULTNOMAH

Date APR 23 1981 HS-2 Rev-1-80

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

SEAL

JAN 1986 RECEIVED SKAMANIA COUNTY AUDITOR STEVENSON, WASH.

James J. McAllister
James J. McAllister
REGISTRAR OF VITAL STATISTICS

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