

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

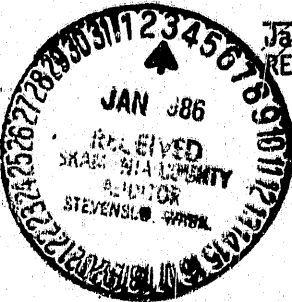
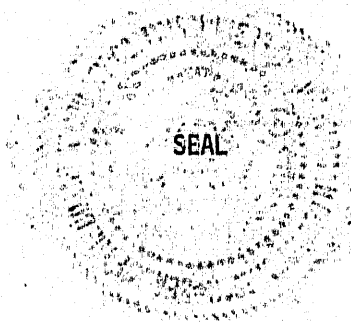
CERTIFICATE OF DEATH

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 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/Em., Im., 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				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. NO. Box 134		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 DeGover				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) <i>[Signature]</i>		20b NAME AND ADDRESS OF FACILITY Straub's Funeral Home, 325 N.E. 3rd Ave., Canas, WA 98607							
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature) <i>[Signature]</i> NAME AND ADDRESS OF CERTIFIER (Type or Print) MONICA A. YASHINAGA, M.D., 2211 E. MILL PAIN BLVD., VANCOUVER, WA. 98661				21b DATE SIGNED (Mo., Day, Yr.) April 21, 1981		21c HOUR OF DEATH 1555 M			
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 23 1981				22b REGISTRAR (Signature) <i>[Signature]</i>					
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								Interval between onset and death	
PART I (a) CARDIOGENIC SHOCK WITH CARDIORESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF								2 hrs.	
(b) ACUTE MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF								3 hrs.	
(c) CORONARY ARTERY DISEASE								Unknown	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)								AUTOPSY (Specify Yes or No) 24 Yes	
ADULT ONSET DIABETES MELLITUS								WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 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 MULTNOMAHDate **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.

*[Signature]*
James J. McAllister
REGISTRAR OF VITAL STATISTICSRegistered **S**
Indexed **S**
Inscribed **S**
Filed **S**
Mailed **S**