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58

STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH
ORS - 146

BOOK 102 PAGE 66

DECEASED-NAME: Mary Ann Skoko
LOCAL FILE NUMBER: 58
MIDDLE: Ann
LAST: Skoko
DATE OF DEATH (MONTH, DAY, YEAR): March 10, 1986
FINDING: found

RACE: White
SEX: Female
AGE - LAST BIRTHDAY (YEARS): 35
MO: 03
DAY: 10
YEAR: 1950

CITY, TOWN, OR LOCATION OF DEATH: Tolovana Park
CITY, TOWN, OR LOCATION OF BIRTH: Washington
CITIZENSHIP: U.S.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married

SOCIAL SECURITY NUMBER: 531-52-5977
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Homemaker
KIND OF BUSINESS OR INDUSTRY: Homemaking

RESIDENCE-STATE: Washington
COUNTY: Clark
CITY, TOWN, OR LOCATION: Vancouver
STREET AND NUMBER OR R.F.D.: 17110 N.E. 27th
ZIP: 98084

FATHER-NAME: Elwin Hilberg
MOTHER-NAME: Mildred Stone
INFORMANT-NAME AND RELATIONSHIP TO DECEASED: David Skoko, Husband
LOCATION-CITY OR TOWN: Vancouver, Washington

BURIAL, CREMATION, REMOVAL, OR OTHER INSTITUTION: Evergreen Memorial Gardens
1101 NE 112th Ave.
Vancouver, Washington

DATE RECEIVED BY REGISTRAR (MO., DAY, YEAR): March 11, 1986
SIGNATURE: Robert Wayne, M.D.
MEDICAL EXAMINER: Robert Wayne, M.D.
COUNTY: Clatsop

DATE RECEIVED BY REGISTRAR (MO., DAY, YEAR): March 11, 1986
SIGNATURE: Jeanne Carlson
MEDICAL EXAMINER: Jeanne Carlson
COUNTY: Clatsop

CAUSE OF DEATH
PART I
1. IMMEDIATE CAUSE: Asphyxia
2. DUE TO, OR AS A CONSEQUENCE OF: Drug overdose - Type unknown
3. DUE TO, OR AS A CONSEQUENCE OF: Chronic Depression
4. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): History of Chronic Depression
5. DATE OF INJURY (MONTH, DAY, YEAR): March 10, 1986
6. HOUR: 1:34p
7. SELF INDUCED DRUG OVERDOSE: Yes
8. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.: Motel room
9. STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE: 3400 S. Hemlock Bldg. 1, Tolovana Park Clatsop Oregon
10. RESERVED FOR REGISTRAR'S USE

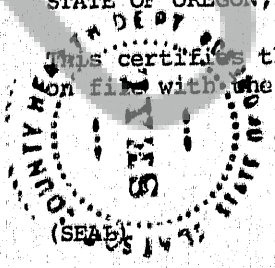
STATE OF OREGON, COUNTY OF CLATSOP) ss

I hereby certify that the foregoing is a correct and complete copy of a record of death as filed with the Clatsop County Health Department.

DATE ISSUED: March 13, 1986

Jeanne Carlson
Registrar of Vital Statistics

NOT VALID WITHOUT RAISED SEAL OF CLATSOP COUNTY HEALTH DEPARTMENT



FILED FOR RECORD
KAMAHIA CO. WASH.
BY Shirley Co. Little Co.

JUL 31 11 55 AM '86

AUDITOR
GARY M. OLSON

Registered 8
Indexed 5
Indirect 5
Filmed
Mailed

After recording return to:
David F. Skoko 17110 NE 27th St. Vancouver, Washington 98684

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