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BOOK 102 PAGE 66

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

CERTIFICATE OF DEATH

ORS – 146

Local File Number: 58

State File Number:

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Mary Ann SKOKO
2. DATE OF DEATH (MONTH, DAY, YEAR): found March 10, 1986
3. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White
4. SEX: Female
5A. AGE—LAST BIRTHDAY (YEARS): 35
5B. UNDER 1 YEAR (MOS. / DAYS):
5C. UNDER 1 DAY (HOURS / MIN.):
6. DATE OF BIRTH (MONTH, DAY, YEAR): August 12, 1950
7A. CITY, TOWN, OR LOCATION OF DEATH: Tolovana Park
7B. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): 3400 S. Hemlock Bldg. 1
7C. IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM., INPATIENT (SPECIFY):
7D. COUNTY OF DEATH: Clatsop
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Washington
9. CITIZEN OF WHAT COUNTRY: U.S.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SPOUSE (IF MARRIED, WIDOWED): David
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No
13. SOCIAL SECURITY NUMBER: 531-52-5977
14A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Homemaker
14B. KIND OF BUSINESS OR INDUSTRY: Homemaking
15A. RESIDENCE—STATE: Washington
15B. COUNTY: Clark
15C. CITY, TOWN, OR LOCATION: Vancouver
15D. STREET AND NUMBER OR R.F.D.: 17110 N.E. 27th — ZIP 98684
15E. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
16. FATHER—NAME (FIRST, MIDDLE, LAST): Elwin Hilberg
17. MOTHER—(FIRST, MIDDLE, LAST) (MAIDEN NAME): Mildred Stone
18. INFORMANT—NAME AND RELATIONSHIP TO DECEASED: David Skoko, Husband

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

DISPOSITION

19A. BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Burial/Removal
19B. CEMETERY OR CREMATORY—NAME: Evergreen Memorial Gardens
19C. LOCATION—CITY OR TOWN, STATE: Vancouver, Washington
20A. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: [signature]
20B. NAME AND ADDRESS OF FACILITY: Memorial Gardens Funeral Home 1101 NE112th Ave. Vancouver, Washington

CERTIFIER / MEDICAL EXAMINER

CERTIFICATION—MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A. DEATH OCCURRED (HOUR): found 1:34 P.M.
21B. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): March 10, 1986 3 p.m.
21C. FROM: NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☑ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐
21D. CERTIFIER—SIGNATURE: Robert Wayne MD
21E. NAME—(TYPE OR PRINT): Robert Wayne, M.D.
DEGREE OR TITLE:
21F. MEDICAL EXAMINER FOR: Clatsop County (COUNTY)
21G. DATE SIGNED (MONTH, DAY, YEAR): March 11, 1986
22A. DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): March 11, 1986
22B. REGISTRAR (SIGNATURE): Jeanne Carlson

CAUSE OF DEATH

23. PART I — IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

(a) Asphixia — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Drug overdose - Type unknown — INTERVAL BETWEEN ONSET AND DEATH:
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 (A): History of Chronic Depression

24. AUTOPSY (SPECIFY YES OR NO): No
25A. DATE OF INJURY (MONTH, DAY, YEAR): March 10, 1986
25B. HOUR: found 1:34p.
25C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Self induced drug overdose.
25D. INJ. AT WORK (SPECIFY YES OR NO): No
25E. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Motel room
25F. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): 3400 S. Hemlock Bldg. 1, Tolovana Park Clatsop Oregon

RESERVED FOR REGISTRAR'S USE

45-107 REV 12/83

ORIGINAL - VITAL STATISTICS COPY

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

STATE OF OREGON, COUNTY OF CLATSOP) ss

DATE ISSUED March 13, 1986

This certifies that the foregoing is a correct and complete copy of a record of death on file with the Clatsop County Health Department.

Jeanne Carlson
Registrar of Vital Statistics

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF CLATSOP COUNTY HEALTH DEPARTMENT

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AUDITOR
GARY M. OLSON

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