CERTIFICATION OF VITAL RECORD

FILED FOR RECORD
SKAMANIA COUNTY, WASH.
BY SKAMANIA CO. TITLE
Dec 23 11 50 AM '86
AUDITOR
GARY H. OLSON

102388 OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

BOOK 103 PAGE 647

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

85-009058

Local File Number: 2567

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK 21

DECEDENT

1 DECEASED—NAME: First: BEN; Middle: D; Last: ROTH
2 DATE OF DEATH (month day year): May 10, 1985
3 RACE (White, Black, American Indian, etc. (Specify)): White
4 SEX: Male
5a AGE—Last Birthday (years): 62
5b Under 1 year: mos / days
5c Under 1 day: hours / min
6 DATE OF BIRTH (month day year): December 4, 1922
7a CITY, TOWN OR LOCATION OF DEATH: Portland OR
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either give street and number): Portland VA Medical Center
7c IF HOSP OR INST: Indicate DOA, OP, Emer, Inp, Inpatient (Specify): Inpatient
7d COUNTY OF DEATH: Multnomah
8 STATE OF BIRTH (If not in U.S.A. name country): Oregon
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Glenys
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): YES
13 SOCIAL SECURITY NUMBER: 543 12 7316
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Logger
14b KIND OF BUSINESS OR INDUSTRY: Timber
15a RESIDENCE—STATE: Washington
15b COUNTY: Skamania
15c CITY, TOWN, OR LOCATION: Carson 730
15d STREET AND NUMBER OR R.F.D., ZIP: Box 144 Metzger Rd. 98610
15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: Ben -- Roth
17 MOTHER—NAME first middle last (Maiden Name): Amelia - Steckley
18 INFORMANT—NAME and relationship to deceased: Glenys Roth, Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Rem/Burial
19b CEMETERY OR CREMATORY—NAME: Wind River Memorial Cemetery
19c LOCATION city or town, state: Carson, Washington
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): K. F. Gardner
20b NAME AND ADDRESS OF FACILITY: GARDNER FUNERAL HOME, INC. White Salmon, WA P.O. Box 390

CERTIFIER

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): Edward LeDoux MD
21b DATE SIGNED (Mo Day Yr): 5-10-85
21c HOUR OF DEATH: 0230 AM
NAME AND ADDRESS OF CERTIFIER (Type or Print)
21d EDWARD LEDOUX, MD
V.A. MEDICAL CENTER
3710 S.W. U.S. Vets Hospital Road
Portland, OR 97207
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21e THOMAS COONEY
22a DATE RECEIVED BY REGISTRAR (Mo Day Yr): MAY 22 1985
22b REGISTRAR (Signature): Gary W. Olson

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]
PART I (a) MASSIVE HEMOPTYSIS — Interval between onset and death: 3 minutes
DUE TO, OR AS A CONSEQUENCE OF
(b) LUNG CANCER — Interval between onset and death: 1 YEAR
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)
24 AUTOPSY (Specify Yes or No): NO
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): YES

4 1629
5
6

26a ACCIDENT (Specify Yes or No): No
26b DATE OF INJURY (Mo Day Yr)
26c HOUR OF INJURY
26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or 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

ORIGINAL—VITAL STATISTICS COPY

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Mailed

45-2 REV 12

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION

DATE ISSUED AUG 08 1986

JOSEPH D. CARNEY
STATE REGISTRAR

STATE OF OREGON

OREGON STATE HEALTH DIVISION

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE