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E. McPherson
AUDITOR
GARY M. OLSON
102389

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

BOOK 102 PAGE 648

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

08308 ID TAG NO. 03633 — Local File Number

86-012968 — State File Number

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK 01

DECEDENT

1 DECEASED — NAME (First, Middle, Last): Glenys A. ROTH

2 DATE OF DEATH (month, day, year): July 9, 1986

3 RACE (White, Black, American Indian, etc) (specify): White

4 SEX: Female

5a AGE — Last birthday (years): 62

5b Under 1 year — months:

5c Under 1 day — days / hours / min:

6 DATE OF BIRTH (month, day, year): December 25, 1923

7a CITY, TOWN OR LOCATION OF DEATH: Portland

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Providence Medical Center

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): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed

11 SPOUSE (IF MARRIED, WIDOWED): Ben D.

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 542-22-1044

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

14b KIND OF BUSINESS OR INDUSTRY: Own Home

15a RESIDENCE — STATE: Washington

15b COUNTY: Skamania

15c CITY, TOWN OR LOCATION: Carson

15d STREET AND NUMBER OR R.F.D.: Box 144 Metzger Rd. ZIP 98610

15e Inside City Limits (specify yes or no): Yes

16 FATHER — NAME first middle last: Lionel - Tate

17 MOTHER — first middle last (Maiden Name): Gladys - Olson

18 INFORMANT — NAME and relationship to deceased: Doneen Ober, Daughter

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, WA

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature):

20b NAME AND ADDRESS OF FACILITY: GARDNER FUNERAL HOME, INC. White Salmon, WA

1 ____
2 902
3 1

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): [signature] M.D.

21b DATE SIGNED (Mo., Day, Year): Jul 21, 1986

21c HOUR OF DEATH: 0200 M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): P.J. Kane, M.D. 510 N.E. 49th #421 Portland, OR ZIP 97205

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): JUL 29 1986

22b REGISTRAR (Signature): Gary M. Olson

CAUSE OF DEATH

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

PART I

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)]

(a) Adenocarcinoma of ovary with diffuse hepatic metastasis — Interval between onset and death: 9 mo.

DUE TO, OR AS A CONSEQUENCE OF

(b) — 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)

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

4 ____
5 ____
6 ____

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Year):

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:

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐ Not available

WAS GIFT MADE? YES ☐ NO ☒ N/A ☐

RESERVED FOR REGISTRAR'S USE

8-18-86

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev. 1-86

Registered 6
Indexed, Dir 6
Indirect 6
Filmed
Mailed

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 18 1986

JOSEPH D. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE