CERTIFICATION OF VITAL RECORD

107903
41578
I.D. NO.
485
Local File Number

BOOK 115 PAGE 979

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

136-
State File Number

WI-1129

DECEDENT

Field	Entry
1. Decedent's Name (First, Middle, Last)	Melvin M COOK
2. Sex	M
3. Date of Death (Month, Day, Year)	April 5, 1988
4. Social Security Number	534-14-8165
5a. Age - Last Birthday (Years)	69
5b. Under 1 Year (Mos, Days)	
5c. Under 1 Day (Hours, Mins)	
6. Birthplace (City and State or Foreign Country)	Portland, Oregon
7. Date of Birth (Month, Day, Year)	August 25, 1918
8. Was Decedent Ever in U.S. Armed Forces?	[X] Yes [ ] No
9a. Place of Death (Check only one)	Hospital: [ ] Inpatient [X] ER/Outpatient [ ] DOA; Other: [ ] Nursing Home [ ] Decedent's Residence [ ] Other (Specify)
9b. Facility Name (If not institution, give street and number)	St. Vincent Hospital
9c. City, Town, or Location of Death	Portland
9d. County of Death	Washington
10a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	Officer
10b. Kind of Business/Industry	Police Department
11. Marital Status - Married, Never Married, Widowed, Divorced (Specify)	Married
12. Spouse (If Married, Widowed)	Normajean
13a. Residence - State	Oregon
13b. County	Washington
13c. City, Town, or Location	Beaverton
13d. Street and Number	14525 S.W. Glen Brook Road
13e. Inside City Limits?	[X] Yes [ ] No
13f. Zip Code	97007
14. Was Decedent of Hispanic Origin? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	[X] No [ ] Yes
15. Race - American Indian, Black, White, etc. (Specify)	White
16. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	3

PARENTS

Field	Entry
17. Father - Name (First, Middle, Last)	Archie M. Cook
18. Mother - Name (First, Middle, Maiden)	Florence Riefenberg
19. Informant - Name and relationship to decedent	Normajean Cook Spouse

DISPOSITION

Field	Entry
20a. Method of Disposition	[ ] Mausoleum [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. Place of Disposition (Name of cemetery, crematory, or other place)	Willamette National Cemetery
20c. Location - City or Town, State	Portland Oregon
21a. Signature of Funeral Service Licensee or Person Acting as Such	Charles L. [signature]
21b. License Number (Of Licensee)	3152
22. Name, Address and Zip of Facility	Finley's Sunset Hills, 6801 SW Sunset Hwy, Portland, OR 97225

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

Field	Entry
23. Time of Death	M
24. Was Medical Examiner Notified?	[ ] Yes [ ] No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)	
26. Date Signed (Month, Day, Year)	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

Field	Entry
27a. Time of Death	8:07A M
27b. Date Pronounced Dead (Month, Day, Year, Hour)	April 5, 1988 8:07A M
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)	Larry Lewman MD
29. Date Signed (Month, Day, Year)	April 7, 1988
County	STATE OF OREGON

30. Name, Title, Address and Zip of Certifier/Medical Examiner (Type or Print): LARRY V. LEWMAN, M. D., STATE MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212

31. Name of Attending Physician if Other Than Certifier (Type or Print):

CAUSE OF DEATH

Conditions if any which gave rise to immediate cause, stating the underlying cause last

32. Immediate Cause (Enter only one cause per line for (a), (b), and (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest

Part I	Cause	Interval between onset and death
(a)	HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE	
(b) Due to, or as a consequence of:		
(c) Due to, or as a consequence of:		

Part II. Other Significant Conditions - Conditions contributing to death but not related to cause given in Part I (a):

33. Autopsy: [ ] Yes [X] No

34. If Yes were findings considered in determining cause of death?

Field	Entry
35. Manner of Death	[XX] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Undetermined Manner
36a. Date of Injury (Month, Day, Year)	
36b. Time of Injury	
36c. Injury at Work?	[ ] Yes [ ] No
36d. Describe How Injury Occurred	
36e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	
36f. Location (Street and Number or Rural Route Number, City or Town, State)	

REGISTRAR

Field	Entry
37. Registrar's Signature	Jimmie E. Bennett
38. Date Filed (Month, Day, Year)	APR 1 2 1988
39. Did Hospital Representative Make Request for Anatomical Gift Consent?	[ ] Yes [X] No [ ] N/A
40. Was Gift Made?	[ ] Yes [X] No [ ] N/A

Reserved for Registrar's Use

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STATE OF WASH
BY SKAMANIA CO. TITLE
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45-2 REV 1-88

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DATE ISSUED APR 1 4 1988

Jimmie E. Bennett
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

STATE OF OREGON 1859

DEPT. OF PUBLIC HEALTH WASHINGTON COUNTY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE