CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

113707 BOOK 129 PAGE 176

31276 ID TAG NO.

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

87-003701 State File Number

CERTIFICATE OF DEATH
ORS — 146

Local No. 01524

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK 53

DECEDENT

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

DECEASED — NAME (First / Middle / Last)			DATE OF DEATH (month, day, year)
1 Ronald	D.	FOLEY	2 March 5, 1987

3 RACE White, Black, American Indian, etc. (specify)	4 SEX	5a AGE — Last birthday (years)	Under 1 year: 5b mos. / days	Under 1 day: 5c hours / min.	6 DATE OF BIRTH (month, day, year)
White	Male	45			July 3, 1941

7a CITY, TOWN OR LOCATION OF DEATH	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)	7c IF HOSP OR INST. Indicate DOA, OP/Emer Rm., Inpatient (specify)	7d COUNTY OF DEATH
Portland	Providence Medical Center	DOA	Multnomah

8 STATE OF BIRTH (If not in U.S.A., name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	11 SPOUSE (IF MARRIED, WIDOWED)	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)
Oregon	U.S.A.	Married	Margie A.	Yes

13 SOCIAL SECURITY NUMBER	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14b KIND OF BUSINESS OR INDUSTRY
531-38-1142	Heavy Equipment Operator 344472	Public Utilities

15a RESIDENCE — STATE	15b COUNTY	15c CITY, TOWN OR LOCATION	15d STREET AND NUMBER OR R.F.D.	ZIP	15e Inside City Limits (specify yes or no)
Washington	Skamania	Carson 730	Box 391 Wilkinson Rd.	98648	Yes

16 FATHER — NAME first middle last	17 MOTHER — first middle last (Maiden Name)	18 INFORMANT — NAME and relationship to deceased
Charles J. Foley	Caroline - Yemelos	Margie Foley, Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	19b CEMETERY OR CREMATORY — NAME	19c LOCATION city or town, state
Rem/Burial	Wind River Memorial Cemetery	Carson, Washington

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature)	20b NAME AND ADDRESS OF FACILITY
R. P. Dieruf	GARDNER FUNERAL HOME, INC. White Salmon, WA

1 —
2 902
3 —

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)	21b THE DECEASED WAS PRONOUNCED DEAD Month Day Year Hour	21c FROM: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐
2:20 A M	March 5, 1987 2:20 A M	

21d CERTIFIER (Signature)	21e NAME AND TITLE — (Type or Print)
Karen Gunson	KAREN GUNSON M. D.

21f MEDICAL EXAMINER For: County	21g DATE SIGNED (Month, Day, Year)
STATE OF OREGON	March 5, 1987

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year)	22b REGISTRAR (Signature)
MAR 11 1987	

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

CAUSE OF DEATH

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

PART I
(a) ASPHYXIATION BY INHALATION OF CARBON MONOXIDE — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF
(b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)

AUTOPSY (Specify Yes or No) 24 NO

25a DATE OF INJURY (Month, Day, Year)	25b HOUR	25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)
March 5, 1987	12:39AM	Involved in house fire

25d INJ. AT WORK (Specify Yes or No)	25e PLACE OF INJURY — At home (farm, street, factory, office building, etc. Specify)	25f LOCATION (Street or R.F.D. No., City or Town, County, State)
NO	Home	Wilkinson Road, Carson, Skamania, Washington

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

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ORIGINAL—VITAL STATISTICS COPY

REAL ESTATE EXCISE TAX

JUN 11 1992 15019

PAID 2.00

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 MAR 25 1987

JOSEPH D. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

JUN 10 4 15 PM '92

P. Lowry
AUDITOR
GARY M. OLSON