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I. D. TAG NO.

1010-91
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

BOOK 129 PAGE 336

CERTIFICATE OF DEATH

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Bonnibel; Middle: Louise; Last: MORBY
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 28, 1991
4. SOCIAL SECURITY NUMBER: 535-34-1973
5a. AGE - Last Birthday (Years): 84
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Delphas, Kansas
7. DATE OF BIRTH (Month, Day, Year): July 23, 1906
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1680 Tucker Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Hood River
9d. COUNTY OF DEATH: Hood River
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Home Maker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Franklin Harry Morby
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Hood River
13c. CITY, TOWN, OR LOCATION: Hood River
13d. STREET AND NUMBER: 1680 Tucker Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97031
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
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+): 2

PARENTS

17. FATHER - NAME first middle last: Eugene H. White
18. MOTHER - NAME first middle maiden: Alva Smith
19. INFORMANT - NAME and relationship to deceased: Caroline Nyseth, Daughter

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Columbia Crematory
20c. LOCATION - City or Town, State: Portland, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Albert Dan
21b. LICENSE NUMBER (Of Licensee): 3529
22. NAME, ADDRESS AND ZIP OF FACILITY: Anderson Funeral Home, 1401 Belmont Rd., Hood River, Or. 97031

REGISTRAR

23. DATE FILED (Month, Day, Year): January 28, 1991
24. REGISTRAR'S SIGNATURE: Leida R Hansbarr
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 3:50 A. M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature] M.D.
30. DATE SIGNED (Month, Day, Year): 1-28-91

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Dr. Paul Hamada MD., 1784 May Street, Hood River, Oregon 97031
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

CAUSE OF DEATH

36. 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
(a) CONGESTIVE HEART FAILURE — Interval between onset and death: 6 MONTHS
DUE TO, OR AS A CONSEQUENCE OF:
(b) ATHEROSCLEROTIC HEART DISEASE — Interval between onset and death: 7 YEARS
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 1.
D.M. II ; RHEUMATOID ARTHRITIS
37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY occurred
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

FILED FOR RECORD
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BY Louis Myers
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DEPUTY FOR
GARY M. OLSON

STATE OF OREGON
COUNTY OF HOOD RIVER

HOOD RIVER COUNTY HEALTH DEPARTMENT

NOT VALID WITHOUT RAISED SEAL OF HOOD RIVER COUNTY HEALTH DEPARTMENT

This certifies that the foregoing is a correct and complete transcript of a record of death on file with HOOD RIVER COUNTY PUBLIC HEALTH DEPARTMENT.

Leida Ruth Hansbarr
County Registrar of Vital Statistics

January 28, 1991
DATE

Registered
Indexed, Dir
Indirect
Filmed 7/01/92
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