CERTIFICATION OF VITAL RECORD

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#120012 I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

Local File Number | State File Number

DECEDENT

1. DECEDENT'S NAME: First: Samuel | Middle: Lewis | Last: MOORE
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 16, 1992
4. SOCIAL SECURITY NUMBER: 535-16-1082
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): Stevenson, WA
7. DATE OF BIRTH (Month, Day, Year): August 3, 1922
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA | OTHER [ ] Nursing Home [X] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 9549 N.W. Elva
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Tank Cleaner
10b. KIND OF BUSINESS/INDUSTRY: Trucking Co.
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): June Moore
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Multnomah
13c. CITY, TOWN OR LOCATION: Portland
13d. STREET AND NUMBER: 9549 N.W. Elva
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 97231
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] 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): 8 | College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Leo Roy Moore
18. MOTHER - NAME first middle maiden: Ruby Nix
19. INFORMANT - NAME and relationship to deceased: June Moore, Wife

DISPOSITION

20. METHOD OF DISPOSITION: [ ] Mausoleum [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Skyline Memorial Gardens
20c. LOCATION - City or Town, State: Portland, OR

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Vincent L. Floyd
21b. LICENSE NUMBER (Of Licensee): 47-3463
22. NAME, ADDRESS AND ZIP OF FACILITY: Skyline Funeral Home 97229, 4101 NW Skyline Blvd., Portland, OR
23. DATE FILED (Month, Day, Year): MAR 23 1992
24. REGISTRAR'S SIGNATURE: Arthur W. Bloom
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [X] NO [ ] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 5:35 a.M
28. WAS MEDICAL EXAMINER NOTIFIED? [X] 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):
30. DATE SIGNED (Month, Day, Year): Mar 18, 1992

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): Peter J. Kane, M.D., 510 N.E. 49th, Suite 421, Portland, OR 97213
35. 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

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) Small Cell Carcinoma, lung DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: 1 mo
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death:
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I
37. Did tobacco use contribute to the death? [ ] Yes [ ] Probably [ ] No [ ] Unknown
38. AUTOPSY [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A

40. MANNER OF DEATH: [X] 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

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Mailed

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

MAR 23 1992
DATE ISSUED

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FILED FOR RECORD
SKAMANIA CO., WASH
BY Jan Kielpinski
SEP 29 9 48 AM '92
P. Lowry
CLERK
GARY M. OLSON