CERTIFICATION OF VITAL RECORD

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

115729 — State File Number

BOOK 733 PAGE 826

92 005025

PERMANENT BLACK INK

I.D. TAG NO. 114018

Local File Number 61306

136-

DECEDENT

1 DECEDENT'S NAME: First John; Middle Gust; Last MELONAS
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): March 08, 1992
4 SOCIAL SECURITY NUMBER: 543-09-2247
5a AGE-Last Birthday (Years): 71
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): March 31, 1920
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a PLACE OF DEATH (Check only one): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Decedent's Home [ ] Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Woodlard Park Hospital
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.): Superintendent of Safety
10b KIND OF BUSINESS/INDUSTRY: Burlington Northern Railroad
11 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12 SPOUSE (If Married, Widowed, Divorced): Helen
13a RESIDENCE - STATE: Oregon
13b COUNTY: Multnomah
13c CITY, TOWN OR LOCATION: Portland
13d STREET AND NUMBER: 15839 N.E. Siskyou
13e INSIDE CITY LIMITS? [X] Yes [ ] No
13f ZIP CODE: 97230
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): 12; College (1-4 or 5+): 3

PARENTS

17 FATHER NAME first middle last: Gust Melonas
18 MOTHER NAME first middle maiden: Katherine Zaharopoulos
19 INFORMANT NAME and relationship to deceased: Helen Melonas - Wife

DISPOSITION

20a METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Stevenson Cemetery
20c LOCATION - City or Town, State: Stevenson, Washington

REGISTRAR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Richard Redlund #179
21b LICENSE NUMBER (Of Licensee)
22 NAME, ADDRESS AND ZIP OF FACILITY: Hennessey, Goetsch & McGee Mortuary, 210 NW 17th Ave., Portland, Or. 97209
23 DATE FILED (Month, Day, Year): MAR 12 1992
24 REGISTRAR'S SIGNATURE:
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: 11:02 a.m.
28 WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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): Brian Schilperoort M.D.
30 DATE SIGNED (Month, Day, Year): March 12, 1992

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a TIME OF DEATH
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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): Brian Schilperoort, M.D., 169 N.E. 102nd Ave., Portland, Oregon 97220
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. Interval between onset and death:

PART I
(a) congestive heart failure — DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death: 11 hrs
(b) myocardial infarction (acute) — DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death: 11 hrs
(c) ruptured abdominal aortic aneurysm — Interval between onset and death: 11 hrs

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: acute renal failure

37 Did tobacco use contribute to the death? [ ] Yes [X] Probably [ ] No [ ] Unknown
38 AUTOPSY: [ ] Yes [ ] 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
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

Registered
Indexed
Indirect
Filmed
Mailed

45-2 Rev 7/91

ORIGINAL — VITAL STATISTICS COPY

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.

FEB 26 1993
DATE ISSUED

Edward J. Johnson II
EDWARD J. JOHNSON II, STATE REGISTRAR

2-7-1-1-1-4180

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FILED FOR RECORD
SKAMANIA CO. WASH
BY John C. Maletis
MAR 8 1 24 PM '93
GARY L. OLSON

678597