CERTIFICATION OF VITAL RECORD

100508 ID TAG NO. 1753 Local File Number

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

119379 State File Number

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(4)

1. DECEDENT'S NAME: First: Dorothy; Middle: Anne; Last: WIRKKALA
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 6, 1991/Four
4. SOCIAL SECURITY NUMBER: 534-26-7397
5a. AGE-Last Birthday (Years): 62 Yrs.
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Astoria, Oregon
7. DATE OF BIRTH (Month, Day, Year): October 2, 1929

DECEDENT

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): 18245 S. W. Pacific Highway, Apartment D
9c. CITY, TOWN, OR LOCATION OF DEATH: Tualatin
9d. COUNTY OF DEATH: Washington
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Registered Nurse
10b. KIND OF BUSINESS/INDUSTRY: Health Care
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): George E. L.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Washington
13c. CITY, TOWN OR LOCATION: Tualatin
13d. STREET AND NUMBER: 18245 SW Pacific Hwy. #D
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97062
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+): 3

PARENTS

17. FATHER - NAME first middle last: Don Rinell
18. MOTHER - NAME first middle maiden: Anna Johnson
19. INFORMANT - NAME and relationship to deceased: Jeff Wirkkala - Son

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ 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

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Robert W. Baker
21b. LICENSE NUMBER (Of Licensee): #3023
22. NAME, ADDRESS AND ZIP OF FACILITY: Young's Funeral Home 11831 SW Pacific Hwy. Tigard, Ore 97223
23. DATE FILED (Month, Day, Year): NOV 1 4 1991
24. REGISTRAR'S SIGNATURE: Jeanne E. Barnett
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ NA
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ NA

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 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)
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: Unknown M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): November 6, 1991 11:09PM
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) Karen Gunson MD
33. DATE SIGNED (Month, Day, Year): November 8, 1991
COUNTY: STATE OF OREGON
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): KAREN GUNSON, M. D., DEPUTY MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212
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) CHRONIC ETHANOLISM
DUE TO, OR AS A CONSEQUENCE OF:
(b)
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.
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 ☐ NA
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)

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SKAMANIA CO. WASH
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AUDITOR

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GARY H. OLSON
Jeanne E. Barnett
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

DATE ISSUED NOV 1 5 1991