CERTIFICATION OF VITAL RECORD

123846

BOOK 753 PAGE 734

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

G-4033 (ID TAG NO.)
1213-95 (Local File Number)
138- (State File Number)

1. DECEDENT'S NAME: Marvin Ford WESTFALL
2. SEX: Male
3. DATE OF BIRTH: August 9 1905
4. SOCIAL SECURITY NUMBER: 511 46 0183
5a. AGE: 88
9. BIRTHPLACE: Maryville MO
10. DATE OF DEATH: June 21 1907
11. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
12. PLACE OF DEATH: Hospital
13a. FACILITY NAME: Hood River Memorial Hospital
13b. CITY, TOWN, OR LOCATION OF DEATH: Hood River
13c. COUNTY OF DEATH: Hood River
14a. DECEDENT'S USUAL OCCUPATION: Physician/Radiologist
14b. KIND OF BUSINESS/INDUSTRY: Veterans Administration
15. MARITAL STATUS: Married
16. SPOUSE: Mary Louise Westfall
17a. RESIDENCE - STATE: Washington
17b. COUNTY: Skamania
17c. CITY, TOWN, OR LOCATION: Stevenson
17d. STREET AND HOUSE NO.: 281 Stewart Rd
17e. INSIDE CITY LIMITS? No
17f. ZIP CODE: 98648
18. WAS DECEDENT OF HISPANIC ORIGIN? No
19. RACE: White
20. EDUCATION: 5+
21. FATHER - NAME: George Henry Westfall
22. MOTHER - MAIDEN NAME: Lucy May Ford
23. INFORMANT - NAME: Mary L. Westfall Wife
24. METHOD OF DISPOSITION: Cremation
25. PLACE OF DISPOSITION: Win-quatt Cremator
26. LOCATION: The Dalles OR
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: K. P. Dierdorff
28. LICENSE NUMBER (Of Licensee): 1482
29. NAME AND ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME INC. POB 390 WHITE SALMON WA 98672
30. DATE FILED: August 11 1995
31. REGISTRAR'S SIGNATURE: Dorothy A O'Dell
32. DID HOSPITAL REPRESENTATIVE GIVE INFORMATION ON ANATOMICAL GIFT DONATION? not available
33. WAS GIFT MADE? not available

TO BE COMPLETED BY CERTIFYING PHYSICIAN

34. TIME OF DEATH: 7:31 P.M.
35. WAS MEDICAL EXAMINER NOTIFIED? No
36. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature): M. Pendleton
37. LICENSE NUMBER (Medical): 8415
38. NAME, ADDRESS AND ZIP OF CERTIFIER (Type or Print): Michael Pendleton, MD 1108 June St Hood River, OR 97031

TO BE COMPLETED BY MEDICAL EXAMINER

39. TIME OF DEATH:
40. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
41. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature):
42. LICENSE NUMBER (Medical):
43. NAME, ADDRESS AND ZIP OF CERTIFIER (Type or Print):
44. DATE SIGNED (Month, Day, Year):
45. COUNTY:

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST:

PART I. DEATH WAS CAUSED BY: (a) Cardiac or Respiratory Arrest
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) DUE TO, OR AS A CONSEQUENCE OF:
Interval between onset and death

PART II. OTHER SIGNIFICANT CONDITIONS: Contributing to death but not related to cause given in PART I.

46. AUTOPSY? No
47. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? No

48. MANNER OF DEATH: Natural
49. DATE OF INJURY (Month, Day, Year):
50. TIME OF INJURY:
51. DID INJURY OCCUR WHILE DECEDENT WAS AT WORK?
52. PLACE OF INJURY - (At home, farm, factory, office, etc.):
53. LOCATION (Street and Number or Rural Route Number, City or Town, State):
54. DESCRIBE HOW INJURY OCCURRED:

55. REMARKS FOR REGISTRAR'S USE:

FILED FOR RECORD
SKAMANIA CO. WASH
BY Kielpinski & Assoc.

Nov 20 3 03 PM '95
P Lowry
AUDITOR
GARY M. OLSON
Dorothy A. O'Dell
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

Gary H. Martin, Skamania County Assessor
Date 11-24-95 Parcel # 3-9-25-2-1501

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DATE ISSUED HOOD RIVER AUG 11 1995 COUNTY OREGON

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