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ID TAG NO.
107-86STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

BOOK 155 PAGE 166

CERTIFICATE OF DEATH

State File Number

TYPE
OR PRINT
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BLACK
INK
FOR
INSTRUCTIONS
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HANDBOOKF DEATH
CURRED IN
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GARDING
PLETION OF
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POSITION

REMARKS

CONDITIONS
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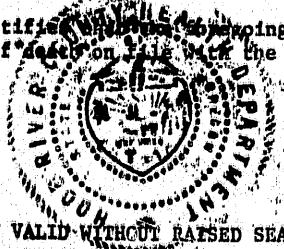
DECEASED - NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
Elva A. NIX					September 27, 1986	
RACE (White, Black, American Indian, etc. (specify))		SEX	AGE - Last birthday (years)		DATE OF BIRTH (month, day, year)	
White		Female	76		April 25, 1910	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number)		IF HOSP. OR INST. INCREASE COA, OR Emer. Rm., (specify)		CITY OF DEATH
Hood River		Hood River Care Center		Inpatient		Hood River
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		WAS DECEASED EVER IN U.S. ARMED FORCES (specify yes or no)
Washington		U.S.A.		Married		No
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)		
534-01-8578B		Homemaker		John J.		
RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.	
Washington		Skamania	Steverson		591 Cropper Rd.	
FATHER - NAME		first	middle	last	MOTHER - NAME (Maiden Name)	
Clarence W. Wickham					Jessie - Hughes	
BIRTH, CREATION, REMOVAL, MALE, (specify)		CEMETERY OR CREMATORY - NAME		LOCATION - city or town		state
Rem/Partial		Wind River Memorial Cemetery		Carson, Washington		
SIGNATURE OF PERSON ACTING AS SUCH		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH
James G. Janney, III, M.D.		Gardner Funeral Home, Inc. White Salmon, WA 98672		9/30/86		1020 A.M.
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		NAME OF AT-TENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		ZIP		
James G. Janney, III, M.D. Family Health Center White Salmon, WA				98672		
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR		SIGNATURE		
OCT 7 1986		Majorie J. Talley				
IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)		INTERVAL BETWEEN ONSET AND DEATH		
(a) Respiratory arrest		SKAMANIA CO WASH		None		
(b) Probable pneumonia		BY Robert Leick		Interval between onset and death		
(c) S/p met. stroke, weakness		FEB 24 40 PM '86		Interval between onset and death		
(d) Rheumatic heart disease		AUDITOR		Interval between onset and death		
ACCUENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)	HOUR OF INJURY	AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINATION DONE (Specify Yes or No)
No				No		No
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.		CITY OR TOWN
No						
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT		WAS GIFT MADE		YES		NO
YES		NO		YES		NO
RECORDED FOR REGISTRAR'S USE						

ORIGINAL-VITAL STATISTICS COPY

STATE OF OREGON

COUNTY OF HOOD RIVER

This certificate, when properly completed, is a correct and complete transcript of a record of death on file with the HOOD RIVER COUNTY PUBLIC HEALTH DEPARTMENT.

Majorie J. Talley
County Registrar of Vital StatisticsOct. 7, 1986
Date

NOT VALID WITHOUT RAISED SEAL OF HOOD RIVER COUNTY HEALTH DEPARTMENT

Registered
Indexed, Dir
Indirect
Filed
Mailed

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107-86

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BOOK 155 PAGE 166

CERTIFICATE OF DEATH

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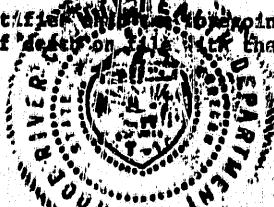
DECEASED - NAME		First	Middle	Last	DATE OF DEATH (Month, day, year)	
Elva A. NIX					September 27, 1986	
RACE (White, Black, American Indian, etc.)		SEX	AGE - Last birthday (years)		DATE OF BIRTH (Month, day, year)	
White		Female	76		April 25, 1910	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (If not in other, give street and number)		IF HOME OR INST. INDICATE LOCALITY (Specify)		DATE OF DEATH
Hood River		Hood River Care Center		Inpatient		Hood River
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify yes or no)	
Washington		U.S.A.	Married		No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
534-01-8578B		Homemaker		Own Home		
RESIDENCE - STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D.		Inside City Limits (Specify yes or no)
Washington		Skamania	Stevenson	591 Gropper Rd.		Yes
FATHER - NAME		MOTHER - NAME	MARRIAGE - NAME and relationship to deceased			
Clarence W. Wickham		Jessie - Hughes	John J. Nix, Husband			
USUAL CREATION, REMOVAL, NATALITY (Specify)		CEMETERY OR CREMATORY - NAME		LOCATION		
Rem Burial		Wind River Memorial Cemetery		Carson, Washington		
GENERAL SERVICE LINE (If person acting as such)		NAME AND ADDRESS OF FACILITY				
To the best of my knowledge, death occurred at the time, date and place and:		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH		
9/30/86		9/30/86		1020 a.m.		
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		NAME, TITLE AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
James G. Janney, III, M.D. Family Health Center White Salmon, WA						
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR				
OCT 7 1986		Margaret J. Talley				
IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (1) DEATH RECORD		Interval between onset and death		
(a) Respiratory arrest		SKAMANIA CO WASH		Within		
(b) Probable pneumonia		B. Robert Leick		Interval between onset and death		
(c) S/P mult. strokes, weakness		FEB 2 4 40 PM '96		Interval between onset and death		
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause of death		AUDITOR		WAS MEDICAL EXAMINER INTERVIEWED (Specify Yes or No)		
Rheumatic heart disease		GLADY M. OLSON		No		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		
No						
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		
No						
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL DWT CONSENT?		WAS DWT MADE?				
YES NO N/A		YES NO N/A				
RESERVED FOR REGISTRAR'S USE						

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COUNTY OF HOOD RIVER

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Margaret J. Talley
County Registrar of Vital Statistics

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