124396
04887
ID TAG NO.
107-86
Local File Number

STATE 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 IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

Field	Entry
1. Deceased — Name (First, Middle, Last)	Elva A. NIX
2. Date of Death (month, day, year)	September 27, 1986
3. Race (White, Black, American Indian, etc.) (Specify)	White
4. Sex	Female
5a. Age — Last birthday (years)	76
5b. Under 1 year (mos. / days)	
5c. Under 1 day (hours / min.)	
6. Date of Birth (month, day, year)	April 25, 1910
7a. City, Town or Location of Death	Hood River
7b. Hospital or Other Institution — Name (If not in either, give street and number)	Hood River Care Center
7c. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	Inpatient
7d. County of Death	Hood River
8. State of Birth (If not in U.S.A., name country)	Washington
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced (Specify)	Married
11. Spouse (If married, widowed)	John J.
12. Was Decedent Ever in U.S. Armed Forces? (Specify yes or no)	No
13. Social Security Number	534-01-8578B
14a. Usual Occupation (Give kind of work done during most of working life, even if retired)	Homemaker
14b. Kind of Business or Industry	Own Home
15a. Residence — State	Washington
15b. County	Skamania
15c. City, Town or Location	Steverson
15d. Street and Number or R.F.D.	591 Gropper Rd. ~~98648~~
15e. Inside City Limits (specify yes or no)	Yes
16. Father — Name (first, middle, last)	Clarence W. Wickham
17. Mother — Name (first, middle, last) (Maiden Name)	Jessie - Hughes
18. Informant — Name and relationship to decedent	John J. Nix, Husband

DISPOSITION

Field	Entry
19a. Burial, Cremation, Removal, Maus. (Specify)	Rem/Burial
19b. Cemetery or Crematory — Name	Wind River Memorial Cemetery
19c. Location (City or town, State)	Carson, Washington
20a. Funeral Director or person acting as such (Signature)	[signature]
20b. Name and Address of Facility	Gardner Funeral Home, Inc. White Salmon, WA 98672

CERTIFIER

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

Field	Entry
21a. (Signature)	[signature]
21b. Date Signed (Mo., Day, Year)	9/30/86
21c. Hour of Death	1020 a.m.
21d. Name, Title and Address of Certifier (Type or Print)	James G. Janney, III, M.D. Family Health Center White Salmon, WA 98672
21e. Name of Attending Physician if Other Than Certifier (Type or Print)	
22a. Date Received by Registrar (Mo., Day, Year)	OCT 7 1986
22b. Registrar (Signature)	Marjorie J. Talley

CAUSE OF DEATH

23. PART I — Immediate Cause (Enter only one cause per line for (a), (b), and (c).)

	Cause	Interval between onset and death
(a)	Respiratory arrest	minutes
(b) Due to, or as a consequence of:	Probable pneumonia	days
(c) Due to, or as a consequence of:	s/p mult. strokes, weakness	years

PART II — Other significant conditions — Conditions contributing to death but not related to cause given in Part I (a): Rheumatic heart disease

Field	Entry
24. Autopsy (Specify Yes or No)	No
25. Was Medical Examiner Notified?	NO
26a. Accident (Specify Yes or No)	No
26b. Date of Injury (Mo., Day, Year)	
26c. Hour of Injury	
26d. Describe How Injury Occurred	
26e. Injury at Work (Specify Yes or No)	No
26f. Place of Injury — At home, farm, street, factory, office building, etc. (Specify)	
26g. Location (Street or R.F.D. No., City or Town, State)	

Did hospital representative make request for anatomical gift consent? YES ☐ NO ☐ N/A ☒
Was gift made? YES ☐ NO ☐ N/A ☐

Reserved for Registrar's Use

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SKAMANIA CO. WASH
BY Robert Leick
FEB 2 4 40 PM '96
[initials]
AUDITOR
GARY M. OLSON

ORIGINAL—VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF HOOD RIVER

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the HOOD RIVER COUNTY PUBLIC HEALTH DEPARTMENT.

HOOD RIVER COUNTY HEALTH DEPARTMENT

Marjorie J. Talley
County Registrar of Vital Statistics

Oct. 7, 1986
Date

Registered	✓
Indexed, Dir	✓
Indirect	✓
Filmed	
Mailed	

NOT VALID WITHOUT RAISED SEAL OF HOOD RIVER COUNTY HEALTH DEPARTMENT

124396
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CERTIFICATE OF DEATH

BOOK 155 PAGE 166

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED — NAME (First, Middle, Last): Elva A. NIX
2. DATE OF DEATH (month, day, year): September 27, 1986
3. RACE White, Black, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE — Last birthday (years): 76
5b. Under 1 year (mos., days):
5c. Under 1 day (hours, min.):
6. DATE OF BIRTH (month, day, year): April 25, 1910
7a. CITY, TOWN OR LOCATION OF DEATH: Hood River
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Hood River Care Center
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Inpatient
7d. COUNTY OF DEATH: Hood River
8. STATE OF BIRTH (If not in U.S.A. name country): Washington
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (If married, widowed): John J.
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13. SOCIAL SECURITY NUMBER: 534-01-8578B
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
14b. KIND OF BUSINESS OR INDUSTRY: Own Home
15a. RESIDENCE — STATE: Washington
15b. COUNTY: Skamania
15c. CITY, TOWN, OR LOCATION: Stevenson
15d. STREET AND NUMBER OR R.F.D.: 591 Gropper Rd.
ZIP: 98648
15e. Inside City Limits (specify yes or no): Yes
16. FATHER — NAME (first, middle, last): Clarence W. Wickham
17. MOTHER — first, middle, last (Maiden Name): Jessie - Hughes
18. INFORMANT — NAME and relationship to deceased: John J. Nix, Husband

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (specify): Rem/Burial
19b. CEMETERY OR CREMATORY — NAME: Wind River Memorial Cemetery
19c. LOCATION (city or town, state): Carson, Washington
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]
20b. NAME AND ADDRESS OF FACILITY: Gardner Funeral Home, Inc. White Salmon, WA 98672

CERTIFIER

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a. (Signature): [signature]
21b. DATE SIGNED (Mo., Day, Year): 9/30/86
21c. HOUR OF DEATH: 1020 a. m.
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): James G. Janney, III, M.D. Family Health Center White Salmon, WA 98672
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): OCT 7 1986
22b. REGISTRAR (Signature): Marjorie J. Talley

CAUSE OF DEATH

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
PART I
(a) Respiratory arrest — Interval between onset and death: Minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Probable pneumonia — Interval between onset and death: days
DUE TO, OR AS A CONSEQUENCE OF:
(c) s/p mult. strokes, weakness — Interval between onset and death: years
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in Part I (a): Rheumatic heart disease
24. AUTOPSY (Specify Yes or No): No
25. WAS MEDICAL EXAMINER NOTIFIED? (Specify Yes or No): NO
26a. ACCIDENT (Specify Yes or No): No
26b. DATE OF INJURY (Mo., Day, Year):
26c. HOUR OF INJURY: M
26d. DESCRIBE HOW INJURY OCCURRED:
26e. INJURY AT WORK (Specify Yes or No): No
26f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify):
26g. LOCATION: STREET OR R.F.D. NO. CITY OR TOWN STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☒
WAS GIFT MADE? YES ☐ NO ☐ N/A ☒

RESERVED FOR REGISTRAR'S USE

FILED FOR RECORD
SKAMANIA CO. WASH
BY Robert Leick
FEB 2 4 40 PM '96
G. Olson
AUDITOR
GARY H. OLSON

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COUNTY OF HOOD RIVER

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the HOOD RIVER COUNTY PUBLIC HEALTH DEPARTMENT.

Marjorie J. Talley
County Registrar of Vital Statistics

Oct. 7, 1986
Date

HOOD RIVER COUNTY HEALTH DEPARTMENT

NOT VALID WITHOUT RAISED SEAL OF HOOD RIVER COUNTY HEALTH DEPARTMENT

Registered ✓
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Indirect ✓
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