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

119086 — State File Number
ID TAG NO. 03369 — Local File Number
136

1. DECEDENT'S NAME: First: James; Middle: James; Last: MOORE
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): June 26, 1992
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 64
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Pulaski, Virginia
7. DATE OF BIRTH (Month, Day, Year): February 13, 1928
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
8a. PLACE OF DEATH (Check only one): ☒ Hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; ☐ Other: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): University Hospital South
9b. CITY, TOWN, OR LOCATION OF DEATH: Portland
9c. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Janitor
10b. KIND OF BUSINESS/INDUSTRY: Aircraft Manufacture
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12. SPOUSE (If Married, Widowed): -
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN OR LOCATION: Washougal
13d. STREET AND NUMBER: MP 0.46R Hombre Road
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 98671
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): 12; College (1-4 or 5+):
17. FATHER - NAME first middle last: Miles W. Moore
18. MOTHER - NAME first middle maiden: Laura O'Dell
19. INFORMANT - NAME and relationship to deceased: Larry Doody, Friend
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Skyline Memorial Gardens
20c. LOCATION - City or Town, State: Portland, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Mark S. Fagan
21b. LICENSE NUMBER (Of Licensee): 53-0204
22. NAME, ADDRESS AND ZIP OF FACILITY: Skyline Funeral Home, 4101 NW Skyline Blvd. Port., OR 97229
23. DATE FILED (Month, Day, Year): JUN 30 1992
24. REGISTRAR'S SIGNATURE: Arthur W. Bloom
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2:55 PM
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): Kirk W. Walker, MD
30. DATE SIGNED (Month, Day, Year): June 26, 1992

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Time)
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): KIRK W WALKER MD 3181 SW Sam Jackson Park Road, Portland, Oregon 97201
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): MARK MORTON

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

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.
PART I (a) CARDIAC ARREST — Interval between onset and death: 5 MINUTES
DUE TO, OR AS A CONSEQUENCE OF:
(b) MYOCARDIAL INFARCTION — Interval between onset and death: 7 DAYS
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 to findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

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
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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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED: JUL 06 1992

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Unofficial Copy

FILED FOR RECORD
SKAMANIA CO. WASH
BY Larry Doody
JUN 4 4 23 PM '96
P Lowry
AUDITOR
GARY H. OLSON

140042