CERTIFICATION OF VITAL RECORD

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TYPE OR PRINT IN PERMANENT BLACK INK

180789 I.D. TAG NO.

904 Local File Number

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

136- State File Number

1. DECEDENT'S NAME: First Margaret; Middle Joyce; Last ALLEN
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 8, 1996
4. SOCIAL SECURITY NUMBER: 516-24-3412
5a. AGE-Last Birthday (Years): 71
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Sidney, MT
7. DATE OF BIRTH (Month, Day, Year): Aug. 20, 1924
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)
8b. FACILITY NAME (If not institution, give street and number): St. Vincent Hospital & Medical Center
8c. CITY, TOWN, OR LOCATION OF DEATH: Portland
8d. COUNTY OF DEATH: Washington
9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Medical Secretary
9b. KIND OF BUSINESS/INDUSTRY: Medical Office
11. MARITAL STATUS - (Never Married, Married, Widowed, Divorced (Specify)): Widowed
12. SPOUSE IF Married, Widowed): Elmer K. Allen
10a. RESIDENCE - STATE: Washington
10b. COUNTY: Skamania
10c. CITY, TOWN OR LOCATION: Carson
10d. STREET AND NUMBER: 61 Allen Street
10e. INSIDE CITY LIMITS? ☒ Yes
10f. ZIP CODE: 98610
12a. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
13. RACE American Indian, Black, White, etc. (Specify): White
14. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2
17. FATHER - NAME first middle last: John S. Johnson
18. MOTHER - NAME first middle maiden: Clementine - Barr
19. INFORMANT - NAME and relationship to deceased: Jan Wyninger, Daughter
20a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Wind River Memorial Cemetery
20c. LOCATION - City or Town, State: Carson, WA
21a. SIGNATURE OF FUNERAL SERVICE / CARRIER OR PERSON ACTING AS SUCH: K. L. Dennis
21b. LICENSE NUMBER (Of Licensee): 1482
22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. POP 590 White Salmon, WA 98672
23. DATE FILED (Month, Day, Year): MAY 16 1996
24. REGISTRAR'S SIGNATURE: Jaimie L. Bennett
25. DR./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: 3:20 p.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): Philip Alexander MD
30. DATE SIGNED (Month, Day, Year): 5/14/96
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Philip Alexander, M.D. 9155 SW Barnes Rd. Suite 318 Portland, OR 97225
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH:
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
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

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

32. 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) Bilateral Tension Pneumothorax
(b) Chronic Obstructive Pulmonary Disease
(c) Atherosclerotic Cardiovascular Disease
Interval between Onset and death: 10 minutes; 4 years; years
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES, were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other
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 (Home, building etc. (Specify) city)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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DATE ISSUED: MAY 17 1996

Jaimie L. Bennett
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

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FILED FOR RECORD
SKAMANIA CO. WASH
BY Jan Wyninger
JUN 6 8 59 AM '96
P Lowry
AUDITOR
GARY M. OLSON