CERTIFICATION OF VITAL RECORD

126188

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

180757 I.D. TAG NO.

133-95 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

BOOK 139 PAGE 427

136- 95-004531 State File Number

CERTIFICATE OF DEATH

1. DECEDENT'S NAME: First Fern Middle Viola Last CUMMINGS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 14 1995
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE - Last Birthday (Years): 70
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Eaton CO
7. DATE OF BIRTH (Month, Day, Year): April 23 1924
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Hood River Care Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hood River
9d. COUNTY OF DEATH: Hood River
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Boyd B Cummings
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN, OR LOCATION: Underwood
13d. STREET AND NUMBER: Box 104 Hwy 14
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 98651
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify: ☒ No ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):
17. FATHER - NAME first middle last: Vergil R Mackey
18. MOTHER - NAME first middle maiden: Geneva M Alps
19. INFORMANT - NAME and relationship to deceased: Tim Cummings, Son
20a. METHOD OF DISPOSITION: ☐ Interment ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Idlewild Cemetery
20c. LOCATION - City or Town, State: Hood River OR
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: K. Vinicke
21b. LICENSE NUMBER (Of Licensee): 1432
22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME INC. POB 390 WHITE SALMON WA 98672
23. DATE FILED (Month, Day, Year): March 15 1995
24. REGISTRAR'S SIGNATURE: Deed
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: 0035 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)
30. DATE SIGNED (Month, Day, Year): 3-14-95
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Type or Print): Raymond FitzSimmons, MD POB 1519 White Salmon, WA 98672
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

33a. TIME OF DEATH: M
33b. 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):

STATE OF OREGON RECORD
SKAMANIA CO. WASH
COUNTY

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34. 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) Renal Failure — Interval between onset and death: APPROX 1 MO
(b) DUE TO, OR AS A CONSEQUENCE OF: Atherosclerotic Vascular Disease — Interval between onset and death: YEARS
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.: Stroke Hemorrhage
37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
38. AUTOPSY: ☐ Yes ☒ No
39. If YES were 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: M
41c. WILL BE 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)

How Verified
Indexed, Dir
Indirect
Filmed

RESERVED FOR REGISTRAR'S USE
Item 37, added by supplemental, 2/8/96, Edward J. Johnson II, State Registrar tlb

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED: SEP 04 1996

EDWARD J. JOHNSON II
STATE REGISTRAR