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FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Verda Bargabus
Oct 21 10 03 AM '99
P Lowry
AUDITOR
GARY M. OLSON

Return Address:

Verda Bargabus
P O Box 44
White Salmon, WA 98672

Document Title(s) or transactions contained herein:

Death Certificate

GRANTOR(S) (Last name, first name, middle initial)

Bargabus, Norman Warren

[ ] Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

Public, The

[ ] Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

Indexed
Indexed Un
Verified
Filmed
Mailed

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

[ ] Property Tax Parcel ID is not yet assigned
[ ] Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

Unofficial Copy

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT PERMANENT BLACK INK

292181

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

I.D. TAG NO. 05981
Local File Number

136-
State File Number

1. DECEDENT'S NAME: Norman Warren BARGABUS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 06, 1999
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 75
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Lewiston, ID
7. DATE OF BIRTH (Month, Day, Year): August 29, 1924
8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
8b. 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): Mt. St. Joseph Care Center
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.): Baker/PND
10b. KIND OF BUSINESS/INDUSTRY: Owned Bakery
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widow(er)): Verda
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Clickitat
13c. CITY, TOWN OR LOCATION: White Salmon
13d. STREET AND NUMBER: 165 NW Lincoln
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 98672
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+)

PARENTS

17. FATHER - NAME first middle last: Warren Newell Bargabus
18. MOTHER - NAME first middle maiden: Violet Louise Powell
19. INFORMANT - NAME and relationship to deceased: Verda Bargabus-Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Mausoleum
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oregon Crematory
20c. LOCATION - City or Town, State: Portland, OR.

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. OREGON LICENSE NO. (Or Licensee): 0407
22. NAME, ADDRESS AND ZIP OF FACILITY: Cedar Burial & Cremation Service, 10952 SE 21st Ave, Milwaukie, OR. 96222
23. DATE FILED (Month, Day, Year): OCT 13 1999
24. REGISTRAR'S SIGNATURE: Lila Wickham

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFIER (PHYSICIAN)

27. TIME OF DEATH: 1959
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): 10/11/99

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 and 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): James Bertruff MD 3181 SW Sam Jackson Park Rd. Portland, OR. 97201
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

PART I
(a) CORONARY ARTERY DISEASE — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) METASTATIC PROSTATE CANCER — Interval between onset and death

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 ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ 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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ORIGINAL-VITAL STATISTICS COPY

45-2-Rev 11/98

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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: OCT 13 1999

Lila Wickham RN MS
LILA WICKHAM RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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