136902

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FILED FOR RECORD
SKA[illegible] WASH
BY Marilou Robinson

Nov 24 2 06 PM '99
P Lowry
AUDITOR
GARY M. OLSON

RETURN ADDRESS:

Marilou Robinson
3561 SW Troy #5
Portland OR 97219

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Death Certificate
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Robinson, Lyman Ward
2.
3.
4.

☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1.
2.
3.
4.

☐ Additional Names on Page _____ of Document.

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

Cabin on Site 56 North woods

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

Indexed (A-
Scanned
Filmed
Verified

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 96-000054

☐ 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.

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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NT X 167031 I.D. TAG NO.

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

Local File Number 136 State File Number

1. DECEDENT'S NAME: First: Lyman; Middle: Ward; Last: ROBINSON
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 2, 1995
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 72
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. DATE OF BIRTH (Month, Day, Year): April 4, 1922
7. BIRTHPLACE (City and State or Foreign Country): Great Falls, Montana
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): 3561 SW Troy #5
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)
10b. KIND OF BUSINESS/INDUSTRY: Portland School District
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12. SPOUSE (If Married, Widowed): Marilou O'Connor
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Multnomah
13c. CITY, TOWN OR LOCATION: Portland
13d. STREET AND NUMBER: 3561 SW Troy #5
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97219
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes
15. RACE - American Indian, Black, White, Asian, Pacific Islander (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) / College (13 or more)
17. FATHER'S NAME: First: George; Middle: ; Last: Robinson
18. MOTHER'S NAME: First: Rose; Middle: Lyman; Maiden:
19. INFORMANT'S NAME and relationship to deceased: Marilou Robinson-Wife
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Willamette National Cemetery
20c. LOCATION - City or Town, State: Portland, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NUMBER (Of Licensee): 3583
21c. NAME, ADDRESS AND ZIP OF FACILITY: Young's Funeral Home 97223, 11183 SW Pacific Hwy Tigard, Oregon
22. DATE FILED (Month, Day, Year): APR 10 1995
24. REGISTRAR'S SIGNATURE
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A
26. ANATOMICAL GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 11:00 a. 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): 4-5-95
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Daniel Mangum, M.D. 2400 SW Vermont Portland, Oregon 97219
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
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

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) CONGESTIVE Heart Failure — Interval between onset and death: YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(b) ischaemic cardiomyopathy — Interval between onset and death: YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(c) — 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: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
37. Did tobacco use contribute to the death? ☐ Yes (Probably) ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES was it used in determining cause of death? ☐ Yes ☐ No
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention ☐ Other
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41e. DESCRIBE HOW INJURY OCCURRED
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

MEDICAL EXAMINER'S COPY

45-2 Rev 1

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 APR 10 1995

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE