CERTIFICATION OF VITAL RECORD

BOOK 205 PAGE 36

TYPE OR PRINT IN PERMANENT BLACK INK

297640 — I.D. TAG NO.

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

24229 — Local File Number

136- — State File Number

DECEDENT

1. DECEDENT'S NAME: First: Martha; Middle: —; Last: RAPP
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 7, 1999
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 84
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Wher, Germany
7. DATE OF BIRTH (Month, Day, Year): September 26, 1915
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): 7355 SW Eastmoor Terrace
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Washington
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Broker
10b. KIND OF BUSINESS/INDUSTRY: Real Estate
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): William Leveton
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Washington
13c. CITY, TOWN OR LOCATION: Portland
13d. STREET AND NUMBER: 7355 SW Eastmoor Terrace
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 97225
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+): 2

PARENTS

17. FATHER - NAME: First: Leopold; Middle: —; Last: Epgener
18. MOTHER - NAME: First: Pacha; Middle: —; Maiden: Prague

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Geffrey G. RAPP Son
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other pls.): Nevah Zedek-Rose City Lodge
20c. LOCATION - City or Town, State: Portland Oregon

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ATTENDING SUCH: Holman's Funeral Service
21b. OREGON LICENSE NO. (Of Licensee): CO 3316
22. NAME, ADDRESS AND ZIP CODE OF FACILITY: Holman's Funeral Service 5610 SE Hawthorne Blvd Portland, OR 97215-2699
23. DATE FILED (Month, Day, Year): DEC 15 1999
24. REGISTRAR'S SIGNATURE: Jeanne L. Bennett
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

CERTIFIER

27. TIME OF DEATH: 0235 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): Mark Rarick
30. DATE SIGNED (Month, Day, Year): 12/9/1999
24. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Mark Rarick, MD 3600 N. Interstate Ave. Portland, OR 97227
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

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

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) Metastatic Colon Cancer — Interval between onset and death: 2 months
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
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.

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)

CAUSE OF DEATH INSTRUCTIONS ON REVERSE. DISTRIBUTION: WHITE AND BUFF COPIES TO FUNERAL DIRECTOR, GREEN AND PINK COPY
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ORIGINAL-VITAL STATISTICS COPY

45 J-Rev 11/98

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DATE ISSUED: DEC 16 1999

Jeanne L. Bennett
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE