BOOK 243 PAGE 910

149029

Stanton Roley

JUN 10 4 48 PM '03

AMOSER

J. MICH... ...CH

Return Address:
Stanton C. Roley
101 Roley Rd
Stevenson, WA 98648

Document Title(s) or transactions contained herein: Death Certificate
GRANTOR(S) (Last name, first name, middle initial) Roley, Marjorie Eloise [ ] Additional names on page _____ of document.
GRANTEE(S) (Last name, first name, middle initial) Roley, Stanton C [ ] 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: [ ] Additional numbers on page _____ of document.
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 03-07-25-1-0-0400-00 [ ] 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.
I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.
Company Name:
Signature/Title:

CERTIFICATION OF VITAL RECORD

BOOK 243 PAGE 911

PRINT IN PERMANENT BLACK INK

I.D. TAG NO. 361625

Local File Number 169-2003

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

136- State File Number

1. DECEDENT'S NAME	First: Marjorie	Middle: Eloise	Last: ROLEY	2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): May 16, 2003
4. SOCIAL SECURITY NUMBER: 508-26-2467	5a. AGE-Last Birthday (Years): 77	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign): Lincoln, Nebraska	7. DATE OF BIRTH (Month, Day, Year): Oct. 28, 1925

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): Providence Hood River Memorial Hospital	8c. CITY, TOWN, OR LOCATION OF DEATH: Hood River	8d. COUNTY OF DEATH: Hood River	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Nursery/Clerical	10b. KIND OF BUSINESS/INDUSTRY: U.S. Forest Service	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Stanton C. Roley
13a. RESIDENCE - STATE: Washington	13b. COUNTY: Skamania	13c. CITY, TOWN OR LOCATION: Stevenson	13d. STREET AND NUMBER: 101 Roley Road
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No	13f. ZIP CODE: 98648	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): 10; College (1-4 or 5 +):
17. FATHER - NAME: First Fred Middle Emanuel Last Ahlstadt	18. MOTHER - NAME: First Nova Middle Simmons Last/Maiden	19. INFORMANT - NAME and relationship to deceased: Stanton Roley - Husband		
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Columbia River Crematory	20c. LOCATION - City or Town, State: White Salmon, Washington		
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]	21b. OREGON LICENSE NO. (Or License): 1971	22. NAME, ADDRESS AND ZIP OF FACILITY: Gardner Funeral Home, POB 390 White Salmon, WA 98672		
23. DATE FILED (Month, Day, Year): May 19, 2003	RESERVED FOR REGISTRAR'S USE	24. REGISTRAR'S SIGNATURE: Dorothy A. O'Dell		

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 12:45 P M	28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No	31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature]		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)	
30. DATE SIGNED (Month, Day, Year): 5-19-03		33. DATE SIGNED (Month, Day, Year)	COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Gary Regalbuto, M.D. 1410 May St. Hood River, Oregon 97031

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THAT 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. Interval between onset and death

PART I
(a) Congestive Heart Failure
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

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 this death? ☐ Yes ☐ Probably ☒ Unknown ☐ No

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 M

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 SIDE OF GREEN AND PINK COPY

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev (3/00)

STATE OF OREGON 1859

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.

DATE ISSUED: HOOD RIVER MAY 19 2003 COUNTY OREGON

Dorothy A. O'Dell
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

COUNTY OF HOOD RIVER STATE OF OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE