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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records UnitBOOK * PAGE 612
84-009784

2873

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED—NAME First Middle Last 1 Edward C			SKILLINGS			DATE OF DEATH (month, day, year) 2 June 2, 1984					
RACE (specify) 3 White			SEX 4 Male			AGE—Last birthday (years) 5a 58			DATE OF BIRTH (month, day, year) 5b September 30, 1925		
CITY, TOWN OR LOCATION OF DEATH 7a Portland			HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b Bess Kaiser Hospital			IF HOSP OR INST. Indicate DOA 7c Inpatient			COUNTY OF DEATH 7d Multnomah		
STATE OF BIRTH (If not in U.S.A. name country) 8 Minnesota			CITIZEN OF WHAT COUNTRY 9 U.S.A.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married			SPOUSE (IF MARRIED, WIDOWED) 11 Nellie Mabra		
SOCIAL SECURITY NUMBER 13			USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Self Employed			KIND OF BUSINESS OR INDUSTRY 14b Batteries			WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes		
RESIDENCE—STATE 15a Washington			COUNTY 15b Clark			CITY, TOWN, OR LOCATION 15c Vancouver			STREET AND NUMBER OR R.F.D., ZIP 15d 6915 Tennessee Lane 98664		
FATHER—NAME first middle last 16 Roy E			MOTHER—first middle last (Maiden Name) 17 Goldie			INFORMANT—NAME and relationship to deceased 18 Dee R Skillings - Son			Inside City Limits (specify yes or no) 15e Yes		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Removal/Burial			CEMETERY OR CREMATORY—NAME 19b Mt Pleasant Cemetery			LOCATION city or town state 19c Kelso, Washington					
FUNERAL SERVICE LICENSEE (Or Person Acting) As Such (Signature) 20a M. F. C.			NAME AND ADDRESS OF FACILITY 20b Ditlevsen Moore Funeral Home 301 Cowlitz Way Kelso Wa. 98626			DATE SIGNED 21a 6/4/84			HOUR OF DEATH 21c 0530 M		
To the best of my knowledge, death occurred at the time, date and place stated due to the cause(s) stated 21a (Signature) Ekhard K. Ursin, M.D.			NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Ekhard K. Ursin, M.D. 5055 N. Greeley Avenue Portland, Ore 97217			NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e Eldon Andersen, M.D.					
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr) 22a JUN 6 1984			REGISTRAR 22b (Signature) [Signature]								
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Congestive heart failure			(b) DUE TO, OR AS A CONSEQUENCE OF: Calcific aortic (bifid) stenosis			INTERVAL BETWEEN ONSET AND DEATH Days					
PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Coronary arteriosclerosis			AUTOPSY (Specify Yes or No) 24 Yes			WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 Yes					
ACCIDENT (Specify Yes or No) 26a			DATE OF INJURY (Mo. Day, Yr) 26b			HOUR OF INJURY 26c M 26d			DESCRIBE HOW INJURY OCCURRED		
INJURY AT WORK (Specify Yes or No) 26e			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f			LOCATION 26g			STREET OR R.F.D. NO. CITY OR TOWN STATE		
RESERVED FOR REGISTRAR'S USE			ORIGINAL - VITAL STATISTICS COPY			AUDITOR DAVID HICHENER			45-2 REV. 12-83		

STATE OF OREGON, COUNTY OF MULTNOMAH ss. DATE ISSUED JUNE 25 1984

I HEREBY CERTIFY THAT THE ABOVE GOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

196