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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

BOOK # PAGE 612
84-009784

700

Local File Number

State File Number

DECEASED—NAME	First	Middle	Last	DATE OF DEATH (month, day, year)			
1 RACE White, Black, American Indian, etc (specify)	2 SEX	3 AGE—Last birthday (years)	4	Under 1 year mos	Under 1 day days	5a	5b
White	Male	58				5c	5d
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)			IF HOSP. OR INST. INDICATE DOA. -OP/Emr. Rm. Inpatient (Specify)		
Portland		Bess Kaiser Hospital			7c Inpatient		
STATE OF BIRTH (If not in USA name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (If MARRIED, WIDOWED)	
Minnesota		U.S.A.		10 Married		11 Nellie Mabra	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
13		14a Self Employed			14b Batteries		
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D. ZIP	
15a Washington		15b Clark		15c Vancouver		15d 6915 Tennessee Lane	
FATHER—NAME		first	middle	last	MOTHER—first	middle	last (Maiden Name)
16 Roy		E	Skillings		17 Goldie	Plumber	18 Dee R Skillings - Son
BURIAL, CREMATION, REMOVAL MAUS. (specify)		CEMETERY OR CREMATORIAL NAME			LOCATION city or town state		
19a Removal/Burial		19b Mt Pleasant Cemetery			19c Kelso, Washington		
20a [Signature]		20b Ditlevsen Moore Funeral Home 301 Cowlitz Way Kelso Wa. 98262			DATE SIGNED (month, day, year)		
21a [Signature]		21b			21c 0530 M		
21d NAME AND ADDRESS OF CERTIFIER (Type or Print)		21e					
21f NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21g					
21h ELDON ANDERSEN, M.D.		21i					
22a DATE RECEIVED BY REGISTRAR (Mo. Day, Yr)		22b REGISTRAR					
JUN 6 1984		22c [Signature]					
23 IMMEDIATE CAUSES		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)			INTERVAL BETWEEN ONSET AND DEATH		
PART I (a) DUE TO, OR AS A CONSEQUENCE OF		Congestive heart failure.			5 days		
(b) DUE TO, OR AS A CONSEQUENCE OF		Aortic aortic (bifid) stenosis			Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but unrelated to cause given in PART I(a)		24			AUTOPSY (Specify Yes or No)		25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo. Day, Yr)		HOUR OF INJURY		25 Yes	
26a		26b		26c		26d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION		26e
26f		26g			26h		26i
RESERVED FOR REGISTRAR'S USE							
JUL 16 2 34 PM '84							
ORIGINAL - VITAL STATISTICS COPY							
AUDITOR DAVID MICHENER							
45-2 REV. 12-83							

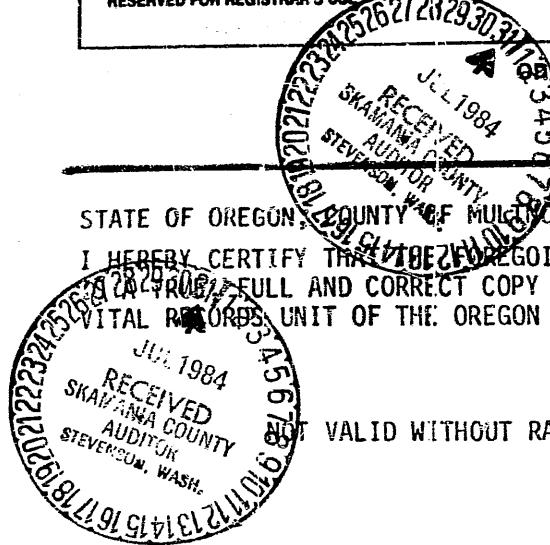
STATE OF OREGON, COUNTY OF MULTNOMAH) ss DATE ISSUED JUNE 25 1984

I HEREBY CERTIFY THAT THE FOREGOING 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.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

196



RECEIVED
SKAMANIA COUNTY
AUDITOR JR.
STEVENS, WASH.