TYPE OR PRINT IN PERMANENT BLACK INK

115246

59399
I.D. TAG NO.

1127-92
Local File Number

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

BOOK 132 PAGE 800

136-
State File Number

Field	Entry
1. Decedent's Name (First, Middle, Last)	Alvin L. HENRY
2. Sex	Male
3. Date of Death (Month, Day, Year)	Dec. 12, 1992
4. Social Security Number	[redacted]
5a. Age - Last Birthday (Years)	79
5b. Under 1 Year (Mos. / Days)	
5c. Under 1 Day (Hours / Mins.)	
6. Birthplace (City and State or Foreign Country)	Newberry, MI
7. Date of Birth (Month, Day, Year)	Dec. 7, 1913
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)	Hood River Care Center
9c. City, Town, or Location of Death	Hood River
9d. County of Death	Hood River
10a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired.)	Sawmill Worker
10b. Kind of Business/Industry	Lumber
11. Marital Status - Married, Never Married, Widowed, Divorced (Specify)	Married
12. Spouse (If Married, Widowed)	Anna C. Henry
13a. Residence - State	Washington
13b. County	Skamania
13c. City, Town, or Location	North Bonneville
13d. Street and Number	626 Shahala
13e. Inside City Limits?	☒ Yes ☐ No
13f. Zip Code	98639
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, Middle, Last)	Ralph - Henry
18. Mother - Name (First, Middle, Maiden)	Ada - VanGuisen
19a. Informant - Name and Relationship to Decedent	Anna Henry, Wife
20a. Method of Disposition	☒ Burial ☐ Cremation ☐ Mausoleum ☒ Removal from State ☐ Donation ☐ Other (Specify)
20b. Place of Disposition (Name of cemetery, crematory, or other place)	White Salmon Cemetery
20c. Location - City or Town, State	White Salmon, WA
21a. Signature of Funeral Service Licensee or Person Acting as Such	R. R. Dietrich (signature)
21b. License Number (Of Licensee)	1482
22. Name, Address and Zip of Facility	GARDNER FUNERAL HOME, INC. Box 390 White Salmon, WA 98672
23. Date Filed (Month, Day, Year)	Dec. 17 1992
24. Registrar's Signature	Dorothy A. O'Dell (signature)
25. Did Hospital Representative Make Request for Anatomical Gift Consent?	☐ Yes ☐ No ☒ N/A
26. Was Gift Made?	☐ Yes ☐ No ☒ N/A

To Be Completed by Certifying Physician

Field	Entry
27. Time of Death	1835 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)	12/15/92
30. Date Signed (Month, Day, Year)	Raymond FitzSimmons MD (signature)
31. Name, Title, Address and Zip of Certifier (Type or Print)	Raymond FitzSimmons, M.D. Box 1519 White Salmon, WA 98672
32. Name of Attending Physician if Other Than Certifier (Type or Print)	

To Be Completed Only by Medical Examiner

Field	Entry
33a. Time of Death	M
33b. Date Pronounced Dead (Month, Day, Year, Hour)	M
34. 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)	
35. Date Signed (Month, Day, Year)	
County	

36. Part I. 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.

Conditions, if any, which gave rise to immediate cause, stating the underlying cause last.

	Cause	Interval between onset and death
(a)	Respiratory Arrest	Minutes
(b) Due to, or as a consequence of:	ASCITES	Months
(c) Due to, or as a consequence of:	CIRRHOSIS	Months

Part II. Other Significant Conditions - Conditions contributing to death but not related to cause given in Part I: Alcoholism

37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unknown

38. Autopsy: ☐ Yes ☒ No

39. Were autopsy findings considered in determining cause of death? ☐ Yes ☐ No ☒ N/A

40. Manner of Death: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ 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):

For Registrar's Use

FILED FOR RECORD SKAMANIA CO WASH BY [signature] JAN 4 1 50 PM '93 [signature] GARY H. OLSON

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STATE OF OREGON COUNTY OF HOOD RIVER

15463

REAL ESTATE EXCISE TAX JAN 04 1993 PAID Exempt [signature]

This certifies that the foregoing is a correct and complete transcript of a record of death on file with HOOD RIVER COUNTY PUBLIC HEALTH DEPARTMENT.

Dorothy A. O'Dell
County Registrar of Vital Statistics

Dec. 18, 1992
DATE

NOT VALID WITHOUT RAISED SEAL OF HOOD RIVER COUNTY HEALTH DEPARTMENT