CERTIFICATION OF VITAL RECORD

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

115729 — State File Number

BOOK 133 PAGE 826

92 005025

USE BLACK INK

114018 ID TAG NO

G1306 Local File Number

1 DECEDENT'S NAME	First	Middle	Last	2 SEX	3 DATE OF DEATH (Month, Day, Year)
	John	Gust	MELONAS	Male	March 08, 1992

4 SOCIAL SECURITY NUMBER	5a AGE (Last Birthday) (Years)	5b Under 1 Year Mos	Days	5c Under 1 Day Hours	Min	6 BIRTHPLACE (City and State or Foreign Country)	7 DATE OF BIRTH (Month, Day, Year)
[redacted]	71					Stevenson, WA	March 31, 1920

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? X Yes ☐ No

9a PLACE OF DEATH (Check only one): HOSPITAL X Inpatient ☐ ER/Outpatient ☐ DOA | OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
Woodland Park Hospital	Portland	Multnomah

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	10b KIND OF BUSINESS/INDUSTRY	11 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify)	12 SPOUSE (If Married, Widow, Widower)
Superintendent of Safety	Burlington Northern Railroad	Married	Helen

13a RESIDENCE STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
Oregon	Multnomah	Portland	15839 N.E. Siskyou

13e INSIDE CITY LIMITS?	13f ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes specify Cuban, Mexican, Puerto Rican, etc.)	15 RACE - American Indian, Black, White, etc. (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1-8 or 5+)
X Yes ☐ No	97230	X No ☐ Yes Specify	White		3

17 FATHER NAME First	Middle	Last	18 MOTHER NAME First	Middle	Maiden	19 INFORMANT NAME and relationship to deceased
Gust		Melonas	Katherine		Zaharopoulos	Helen Melonas - Wife

20a METHOD OF DISPOSITION	20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c LOCATION - City or Town, State
X Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Stevenson Cemetery	Stevenson, Washington

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b LICENSE NUMBER (Of Licensee)	22 NAME, ADDRESS AND ZIP OF FACILITY
Richard O'Sullivan	3179	Hennessey, Goetsch & McGee Mortuary 210 NW 17th Ave., Portland, Or. 97209

23 DATE FILED (Month, Day, Year): MAR 12 1992

24 REGISTRAR'S SIGNATURE: [signature]

25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES X NO ☐ N/A

26 WAS GIFT MADE? ☐ YES X NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 11:02 a.m.

28 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes X 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) Brian Schilpercoot M.D.

30 DATE SIGNED (Month, Day, Year): March 12, 1992

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH: M

31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M

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)

33 DATE SIGNED (Month, Day, Year) COUNTY

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Brian Schilpercoot, M.D., 169 N.E. 102nd Ave., Portland, Oregon 97220

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

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

PART I
(a) IMMEDIATE CAUSE congestive heart failure — Interval between onset and death: 11 hrs
DUE TO OR AS A CONSEQUENCE OF
(b) myocardial infarction (acute) — Interval between onset and death: 11 hrs
DUE TO OR AS A CONSEQUENCE OF
(c) ruptured abdominal aortic aneurysm — Interval between onset and death: 11 hrs

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: acute renal failure

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 ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ 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)

RESERVED FOR REGISTRAR'S USE

Registered: [signature]
Indexed: [signature]
Indirect: [signature]
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Mailed

ORIGINAL — VITAL STATISTICS COPY

45.2 Rev 7/91

2-7-1-1-4130

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

FEB 26 1993

DATE ISSUED

Edward J. Johnson II

EDWARD J. JOHNSON II, STATE REGISTRAR

2-7-1-1-4130

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FILED FOR RECORD
SKAMANIA CO. WASH
BY John C. Maletis

MAR 8 1 24 PM '93

[signature]

GARY [illegible] OLSON

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