CERTIFICATION OF VITAL RECORD

33403
I.D. TAG NO.

117108
Local File Number

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

136-BOOK 137 PAGE 515
State File Number

1. DECEDENT'S NAME: First Phillip; Middle Roger; Last JONES
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Feb. 14, 1993
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE - Last Birthday (Years): 58
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Midwest, WY
7. DATE OF BIRTH (Month, Day, Year): July 17, 1934
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): Providence Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Logger
10b. KIND OF BUSINESS/INDUSTRY: Timber
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Nancy L. Jones
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN, OR LOCATION: Underwood
13d. STREET AND NUMBER: MP 0.50L Orchard Lane
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 98651
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): 11; College (1-4 or 5+):
17. FATHER - NAME first middle last: Earl L. Jones
18. MOTHER - NAME first middle maiden: Phyllis A. Wilson
19. INFORMANT - NAME and relationship to deceased: Nancy L. Jones, Wife
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☒ 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: [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): FEB 23 1993
24. REGISTRAR'S SIGNATURE: [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

27. TIME OF DEATH: 2230 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): [signature]
30. DATE SIGNED (Month, Day, Year): FEB. 17, 1993
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Type or Print): Jeffrey I. Menashe, M.D. 5050 NE Hoyt Suite 256 Portland, OR 97213
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

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.

PART I
(a) MESOTHELIOMA (PLEURAL) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 8 MONTHS
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
38. AUTOPSY ☒ Yes ☐ No
39. Were 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)

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

FEB 23 1993
DATE ISSUED.

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

AUG 24 3 24 PM '93
P. Lowry
AUDITOR
GARY M. OLSON