CERTIFICATION OF VITAL RECORD

117766

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3227
TO TAG NO

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

136

Local File Number

State File Number

- 1. DECEDENT'S NAME (First, Middle, Last): Eugene Max RHODE
- 2. SEX: M
- 3. DATE OF DEATH (Month, Day, Year): October 9, 1993
- 4. SOCIAL SECURITY NUMBER: [redacted]
- 5a. AGE-Last Birthday (Years): 77
- 5b. UNDER 1 YEAR (Mos, Days)
- 5c. UNDER 1 DAY (Hours, Mins)
- 6. BIRTHPLACE (City and State or Foreign Country): Melrose, Minnesota
- 7. DATE OF BIRTH (Month, Day, Year): May 12, 1916
- 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): Emanuel Hospital
- 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.): Tavern owner
- 10b. KIND OF BUSINESS/INDUSTRY: Tavern
- 11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
- 12. SPOUSE (If wife, give maiden name): Marian Linton
- 13a. RESIDENCE - STATE: Washington
- 13b. COUNTY: Skamania
- 13c. CITY, TOWN OR LOCATION: No. Bonneville
- 13d. STREET AND NUMBER: 816 Celilo
- 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
- 15. RACE (American Indian, Black, White, etc.) (Specify): White
- 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12; College (1-4 or 5+):
- 17. FATHER - NAME (first, middle, last): Henry Peter Rhode
- 18. MOTHER - NAME (first, middle, maiden): Bennie Cristina Hoffer
- 19. INFORMANT - NAME and relationship to decedent: Marian Rhode, 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): Caldwell's Cremation Service
- 20c. LOCATION - City or Town, State: Portland, OR
- 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Lione M. Lewis
- 21b. LICENSE NUMBER (Of Licensee): 0309
- 22. NAME, ADDRESS AND ZIP OF FACILITY: Telophase Society, 223 SE 122nd Ave., Portland, OR 97233
- 23. DATE FILED (Month, Day, Year): OCT 2 0 1993
- 24. REGISTRAR'S SIGNATURE: [signature]
- 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?: ☐ Yes ☐ No ☐ NA
- 26. WAS GIFT MADE?: ☐ Yes ☒ No ☐ NA

TO BE COMPLETED BY CERTIFYING PHYSICIAN

- 27. TIME OF DEATH: 1645 PM
- 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): 10/14/93

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.
- 33. DATE SIGNED

FOR VETERANS CLAIM USE ONLY

- 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): William B. Long, III, MD, 2226 NW Pettygrove, Portland, OR 97210
- 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
- 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	Cause	Interval between onset and death
(a)	Multiple Organ Failure	1 week
(b) DUE TO, OR AS A CONSEQUENCE OF	Repair & Ruptured Abd. Aortic Aneurysm	3 wks
(c) DUE TO, OR AS A CONSEQUENCE OF	Atherosclerotic Vascular Disease	Years

- PART II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not resulting in the underlying cause given in PART I.: C.O.P.D. - Severe
- 37. Did tobacco use contribute to death?: ☒ Yes ☐ Probably ☐ No ☐ Unknown
- 38. AUTOPSY: ☒ Yes ☐ No
- 39. If yes, were findings considered in determining cause of death?: ☐ Yes ☐ No
- 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)

RESERVED FOR REGISTRAR'S USE

16193
REAL ESTATE EXCISE TAX
OCT 27 1993
PAID Exempt
[signature] deputy
SKAMANIA COUNTY TREASURER

ORIGINAL VITAL STATISTICS COPY

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DATE ISSUED: OCT 2 0 1993

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[signature]
ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY OREGON

STATE OF OREGON 1859

MULTNOMAH COUNTY 1854

FILED FOR RECORD
SKAMANIA CO. WASH
BY Marian Rhode

Oct 27 12 17 PM '93
P. Lowry
AUDITOR
GARY M. OLSON