120223

1509

Local File Number

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

BOOK 145 PAGE 32

79-004688

State File Number

CERTIFICATE OF DEATH

- 1. DECEASED—NAME (First, Middle, Last): VIRGINIA GRACE DAPKUS
- 2. DATE OF DEATH (month, day, year): March 17, 1979
- 3. RACE (White, Black, American Indian, etc.) (specify): White
- 4. SEX: Female
- 5a. AGE—Last birthday (years): 65
- 5b. Under 1 year (mos, days):
- 5c. Under 1 day (hours, min):
- 6. DATE OF BIRTH (month, day, year): 6/23/1913
- 7a. COUNTY OF DEATH: Multnomah
- 7b. CITY, TOWN OR LOCATION OF DEATH: Portland
- 7c. HOSPITAL OR OTHER INSTITUTION—NAME: Good Samaritan Hospital
- 7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm. Inpatient (Specify): Inpatient
- 8. STATE OF BIRTH (If not in U.S.A. name country): California
- 9. CITIZEN OF WHAT COUNTRY: USA
- 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
- 11. SPOUSE (IF MARRIED, WIDOWED): August Dapkus
- 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
- 13. SOCIAL SECURITY NUMBER: [redacted]
- 14a. USUAL OCCUPATION: Homemaker
- 14b. KIND OF BUSINESS OR INDUSTRY: Own Home
- 15a. RESIDENCE—STATE: Washington
- 15b. COUNTY: Skamania
- 15c. CITY, TOWN, OR LOCATION: Stevenson
- 15d. STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 138 98648
- 15e. Inside City Limits (specify yes or no): Yes
- 16. FATHER—NAME (first, middle, last): Will - Markgraf
- 17. MOTHER—Maiden Name (first, middle, last): HILTON Edna - Markgraf
- 18. INFORMANT—NAME and relationship to deceased: August Dapkus, Husband
- 19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
- 19b. CEMETERY OR CREMATORY—NAME: Mt. Adams Cemetery
- 19c. LOCATION (city or town, state): Glenwood, Washington
- 20a. FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature): [signature]
- 20b. NAME AND ADDRESS OF FACILITY: GARDNER FUNERAL HOME, INC. White Salmon, Wash. 98672

To Be Completed by CERTIFYING PHYSICIAN Only

- 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): Sabin Belknap MD
- 21b. DATE SIGNED (Mo., Day, Yr.): 3-25-79
- 21c. HOUR OF DEATH: 9:55 A. M
- 21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): SABIN BELKNAP MD 2222 NW [illegible] PORTLAND 97210
- 21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): RICHARD SHEPHERD MD 2222 NW LOVEJOY PORTLAND
- 22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 2 1979
- 22b. REGISTRAR (Signature): [signature]

23. PART I. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

	Cause	Interval between onset and death
(a)	heart failure	
(b) DUE TO, OR AS A CONSEQUENCE OF:	heart attack	
(c) DUE TO, OR AS A CONSEQUENCE OF:	coronary atherosclerosis	

- PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a):
- 24. AUTOPSY (Specify Yes or No): No
- 25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): No
- 26a. ACCIDENT (Specify Yes or No):
- 26b. DATE OF INJURY (Mo., Day, Yr.):
- 26c. HOUR OF INJURY:
- 26d. DESCRIBE HOW INJURY OCCURRED:
- 26e. INJURY AT WORK (Specify Yes or No):
- 26f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
- 26g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

RESERVED FOR REGISTRAR'S USE

FILED FOR RECORD SKAMANIA CO. WASH BY [illegible] Aug 8 3 57 PM '79 [signature] AUDITOR GARY M. OLSON

Registered ✓
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VS-2 Rev-1-78 P-85412

DATE ISSUED [illegible] 30 1979

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED 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 STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

Mervin C. Hann