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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionBOOK 145 PAGE 32
79-004688

CERTIFICATE OF DEATH

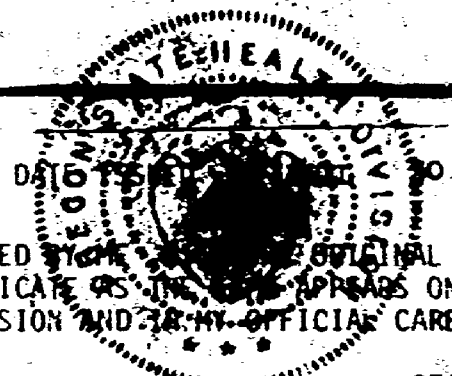
State File Number

DECEASED—NAME First Middle Last 1 VIRGINIA GRACE DAPKUS			DATE OF DEATH (month, day, year) March 17, 1979		
RACE White, Black, American Indian, etc. (specify) White		SEX Female	AGE—Last birthday (years) 65	Under 1 year Under 1 day	DATE OF BIRTH (month, day, year) 6/23/1913
COUNTY OF DEATH 7a Multnomah	CITY, TOWN OR LOCATION OF DEATH 7b Portland		HOSPITAL OR OTHER INSTITUTION—NAME (If not in a hospital, give street and number) 7c Good Samaritan Hospital		7d Inpatient
STATE OF BIRTH (if not in U.S.A., name country) 8 California	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED NEVER MARRIED DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) August Dapkus		11 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
SOCIAL SECURITY NUMBER 13		USUAL OCCUPATION (give kind of work done during most of working life even if retired) 14a Homemaker		KIND OF BUSINESS OR INDUSTRY 14b Own Home	
RESIDENCE—STATE 15a Washington	COUNTY 15b Skamania	CITY, TOWN, OR LOCATION 15c Stevenson	STREET AND NUMBER OR R.F.D. NO. 15d P.O. Box 138		
FATHER—NAME First middle last 16 Will - Markgraf		MOTHER—Maiden Name First middle last 17 HILTON Edna - Markgraf		INFORMANT—NAME and relationship to decedent 18 August Dapkus, Husband	
BURIAL, CREMATION, REMOVAL, MAIMS. (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Mt. Adams Cemetery		LOCATION City or town state 19c Glenwood, Washington	
FUNERAL SERVICE LICENSEE or Person Acting As Such (Specify) 20a Sabin Belknap		NAME AND ADDRESS OF FACILITY 20b GARDNER FUNERAL HOME, INC. White Salmon, Wash. 98672			
To the best of my knowledge, death occurred at the time, date and place stated due to the cause(s) stated. 21a (Signature) Sabin Belknap MD		DATE SIGNED (Mo., Day, Yr.) 21b 3-25-79		HOUR OF DEATH 21c 9:55 A.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21a SABIN BELKNAP MD 12232 NW REXROVE PORTLAND 97210		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21b RICHARD SHEPHERD MD 22234 NW LOVEJOY PORTLAND			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a APR 2 1979		REGISTRAR 22b (Signature)			
PART I IMMEDIATE CAUSE 73 (a) heart failure (b) heart attack (c) coronary atherosclerosis ENTER ONLY ONE CAUSE PER LINE FOR 73a, 73b AND 73c					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
ACCIDENT (Specify Yes or No) 23a	DATE OF INJURY (Mo., Day, Yr.) 23b	PLACE OF INJURY (Specify Yes or No) 23c	HOW OF INJURY (Specify Yes or No) 23d	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) No	ALLOUTY (Specify Yes or No) 24 No
INJURY AT WORK (Specify Yes or No) 23a		PLACE OF INJURY—At home, farm, shop, factory, office building, etc. (Specify) 23b	LOCATION 23c	STREET OR R.F.D. NO. 23d	CITY OR TOWN STATE 23e

FILED FOR RECORD
SKAMANIA CO. WASH.
BY E. Thompson
Aug 8 3 57 PM '79
AUDITOR
GARY M. OLSON

Registered
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DATE OF DEATH 1979

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

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 IT APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IS IN MY OFFICIAL CARE AND CUSTODY

STATE REGISTRAR

Merrin E. Harn