

CERTIFICATION OF VITAL RECORD

U-4024
10 TAO NO.
CG710
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
121759 HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

EEB 21 1995
BOOK 748-PAGE 365

1. DECEASED'S NAME Jackie Duane COOP		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) December 2 1994																																					
4. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE Last Birthday (Year, Month, Day) 64		6. BIRTHPLACE (City and State or Foreign) Berkman NE																																					
7. WAS DECEASED EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		8. PLACE OF DEATH (Check only one) ☒ Hospital ☐ Home ☐ Decedent's Home ☐ Other (Specify)		9. DATE OF BIRTH (Month, Day, Year) January 30 1930																																					
10. PATIENT NAME (If not institution, give street and number) Providence Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Portland		12. COUNTY OF DEATH Multnomah																																					
13. DECEASED'S USUAL OCCUPATION (Give last job during past 12 months) Logger		14. END OF BUSINESS/INDUSTRY Timber		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married																																					
16. RESIDENCE - STATE Washington		17. COUNTY Skamania		18. STREET AND NUMBER Oleary Rd Sta Route 1																																					
19. CITY, TOWN, OR LOCATION Willard		20. DECEASED'S EDUCATION (Specify only highest grade completed) White		21. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary Secondary 8																																					
22. FATHER'S NAME (First, Middle, Last) George - Coop		23. MOTHER'S NAME (First, Middle, Last) Julia - Smith		24. INFORMANT - Name and relationship to deceased A. Eleanor Coop, Wife																																					
25. METHOD OF DISPOSITION (Check only one) ☒ Burial ☐ Cremation ☐ Other (Specify)		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Win-quatt Crematory		27. LOCATION (City or Town, State) The Dalles OR																																					
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		29. LICENSE NUMBER (Of Licensee) 1482		30. NAME, ADDRESS AND ZIP OF FACILITY GARDNER FUNERAL HOME INC. POB 390 WHITE SALMON WA 98672																																					
31. DATE PREPARED (Month, Day, Year) DEC 16 1994		32. REGISTRAR'S SIGNATURE <i>[Signature]</i>		33. REGISTRAR'S NAME [REDACTED]																																					
34. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ Yes ☐ No ☐ NA		35. WAS GIFT MADE? ☐ Yes ☒ No ☐ NA																																							
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CO 0051 1102030000 56/9/95

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REAL ESTATE EXCISE TAX

MAR 06 1995

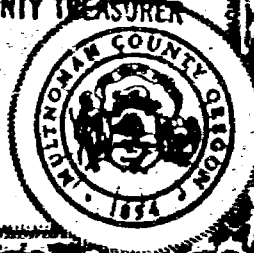
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ORIGINAL - VITAL STATISTICS COPY

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DATE ISSUED: **DEC 16 1994**

GARY L. OLSON, M.D.
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



FILED - RECORD
SKAMANIA CO. WASH
BY *Alice Coop*

MAR 6 2 26 PM '95
P. Laury
AUDITOR
GARY M. OLSON

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