CERTIFICATION OF VITAL RECORD

0-4024
ID TAO NO.
CC710
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
21759 HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

FEB 21 1995
BOOK 448 PAGE 351
State File Number

1 DECEDENT'S NAME First: Jackie	Middle: Duane	Last: COOP	2 SEX: Male	3 DATE OF DEATH (Month, Day, Year): December 2 1994	
4 SOCIAL SECURITY NUMBER: [redacted]	5a AGE (Last Birthday) (Years): 64	5b Under 1 Year: Mos / Days	5c Under 1 Day: Hours / Min	6 BIRTHPLACE (City and State or Foreign Country): Benkelman NE	7 DATE OF BIRTH (Month, Day, Year): January 30 1930

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

8a PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

8b FACILITY NAME (If not institution, give street and number): Providence Medical Center	8c CITY, TOWN, OR LOCATION OF DEATH: Portland	8d COUNTY OF DEATH: Multnomah
9a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Logger	9b KIND OF BUSINESS/INDUSTRY: Timber	11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12 SPOUSE (If Married, Widowed, or Divorced): Alice Eleanor Howard		
13a RESIDENCE - STATE: Washington	13b COUNTY: Skamania	13c CITY, TOWN, OR LOCATION: Willard
13d STREET AND NUMBER: O'Leary Rd Star Route 1		
13e INSIDE CITY LIMITS? ☐ Yes ☒ No	13f ZIP CODE: 98605	14 WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, Mexican, Puerto Rican, Cuban, 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): 8	College (1-4 or 5+):

17 FATHER - NAME First, Middle, Last: George - Coop	18 MOTHER - NAME First, Middle, Maiden: Julia - Smith	19 INFORMANT - NAME and relationship to deceased: A. Eleanor Coop, Wife
20a METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Win-quatt Crematory	20c LOCATION - City or Town, State: The Dalles OR
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: R. P. Gardner	21b LICENSE NUMBER (Of Licensee): 1482	22 NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME INC. POB 390 WHITE SALMON WA 98672
23 DATE FILED (Month, Day, Year): DEC 16 1994	24 REGISTRAR'S SIGNATURE: Gary L. Oxman	
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: 0015 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): John J. Keppel	
30 DATE SIGNED (Month, Day, Year): 12/13/94	
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): John Keppel, MD 507 NE 47th #205 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):	

Registered ✓
Indexed, Div ✓
Indirect ✓
Filmed
Verified

36 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR a., b., AND c.) Do not enter modes of dying, e.g. Cardiac or Respiratory Arrest.

PART I
a. DUE TO, OR AS A CONSEQUENCE OF: Respiratory Failure
b. DUE TO, OR AS A CONSEQUENCE OF: Chronic Obstructive Pulmonary Disease
c.

Interval between onset and death: Cab

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

37 Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☐ Unk	38 AUTOPSY ☐ Yes ☒ No	39 Was it YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ NA			
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)			

17192
REAL ESTATE EXCISE TAX
MAR 06 1995
PAID
SKAMANIA COUNTY TREASURER

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

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

DATE ISSUED: DEC 16 1994

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

3/6/95 — 1032 02 11 1500 00

FILED FOR RECORD
SKAMANIA CO. WASH
BY Alice Coop
MAR 6 2 26 PM '95
P. Lowry
AUDITOR
GARY M. OLSON

216996