

CERTIFICATION OF VITAL RECORD

BOOK 149 PAGE 745

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TD, TAG NO.

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

Local File Number: _____ State File Number: _____

1 DECEASED'S NAME: John Lyons STEVENSON, Jr. M.D., Male
 2 DATE OF DEATH: July 5, 1994
 3 SOCIAL SECURITY NUMBER: [REDACTED]
 4 AGE: 67
 5 PLACE OF BIRTH: Portland, OR
 6 DATE OF BIRTH: June 25, 1927
 7 FACILITY NAME: 3815 SW 50th Ave
 8 CITY, TOWN OR LOCATION OF DEATH: Portland
 9 COUNTY OF DEATH: Multnomah
 10 DECEASED'S USUAL OCCUPATION: Physician
 11 MARRITAL STATUS: Married
 12 SPOUSE: Marilyn E. Stevenson
 13 RESIDENCE - STATE: Oregon
 14 COUNTY: Multnomah
 15 CITY, TOWN OR LOCATION: Portland
 16 STREET AND NUMBER: 3815 SW 50th Ave
 17 FATHER: John Lyons Stevenson
 18 MOTHER: Olive Leah Smith
 19 DECEASED'S EDUCATION: 5+
 20 METHOD OF DISPOSITION: Inservice Crematory
 21 PLACE OF DISPOSITION: Portland, OR
 22 SIGNATURE OF FUNERAL SERVICE LICENSEE: David S. Callender
 23 DATE FILED: JUL 08 1994
 24 REGISTRAR'S SIGNATURE: [Signature]
 25 HOSPITAL REPRESENTATIVE REQUEST FOR ANATOMICAL GIFT CONSENT: [X] Yes
 26 WAS GIFT MADE? [X] Yes
 27 TIME OF DEATH: 6:30 AM
 28 DATE SIGNED: 7-6-94
 29 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN: Mark McKinstry, M.D., 101 State Street Suite #200, Lake Oswego, OR 97034
 30 UNDERLYING CAUSE OF DEATH: 1. Prostate cancer
 31 SIGNATURE OF DECEASED'S NEXT OF KIN: [Signature]
 32 SIGNATURE OF WITNESS: [Signature]
 33 SIGNATURE OF WITNESS: [Signature]
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RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT
City of Multnomah, Multnomah County Assessor
5/9/95
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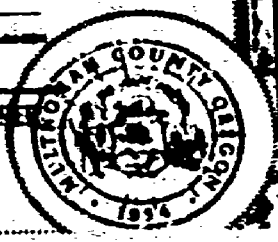
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REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

JUL 08 1994

DATE ISSUED

SKAMANIA COUNTY TREASURER
ARTHUR W. BLOUM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

BOOK 149 PAGE 746

INCORPORATED UNDER THE LAWS OF THE STATE OF WASHINGTON IN 1919

FILED FOR RECORD
SK... WASH

By *Marilyn Stevenson*

May 9 10 45 AM '35

Wauna Lake Club

G. Garry

AUDITOR

Garry M. Ols Proprietary Membership Certificate

Certificate Number 117

This is to certify that MARILYN E. STEVENSON TRUSTEE OF THE WAUNA LAKE CLUB is a proprietary member of the Wauna Lake Club and entitled to all the benefits and privileges of a proprietary member as defined and prescribed by the by-laws, rules and regulations now in force, or that may hereafter be adopted, or promulgated by the club or Trustees thereof.

This certificate cannot be transferred or assigned, and must be surrendered to the secretary of this organization at the death of the proprietary member holding it, or at the time of his withdrawal or removal from this club for any reason whatsoever.

In Witness Whereof, Wauna Lake Club has caused these presents to be signed by its president and attested to by its secretary and its corporate seal affixed thereto this 27 day of AUGUST 1935.



RECORDER'S NOTE: NOT AN ORIGINAL DOCUMENT
Wauna Lake Club
By *James H. W. Sluzewski* President

Attested: *James O. Nelson* Secretary