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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Local File Number: 79

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK.

DECEDENT — IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF THIS ITEM.

1. DECEASED—NAME: First: J. Middle: Carol Last: CRAIG
2. DATE OF DEATH (month, day, year): July 8, 1980
3. RACE (White, Black, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last birthday (years): 33
5b. Under 1 year: months / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): July 27, 1946
7a. CITY, TOWN OR LOCATION OF DEATH: Hood River
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Memorial Hospital
7c. If HOSP. OR INST. Indicate DOA, OP(Emer., Res., Inpatient (Specify)): Inpatient
7d. COUNTY OF DEATH: Hood River
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (If MARRIED, WIDOW(ER)): David L. Craig
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: [redacted]
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millworker
14b. KIND OF BUSINESS OR INDUSTRY: Lumber
15a. RESIDENCE—STATE: Washington
15b. COUNTY: Skamania
15c. CITY, TOWN, OR LOCATION: Stevenson
15d. STREET AND NUMBER OR R.F.D., ZIP: 98648
15e. Inside City Limits (specify yes or no): No
16. FATHER—NAME first middle last: Wallace J. Catron
17. MOTHER—Maiden Name first middle last: Karns June E. Catron
18. INFORMANT—NAME and relationship to deceased: David Craig, Husband
19a. BURIAL, CREMATION, REMOVAL, BRIAL (specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Klickitat Co. Dist. #1
19c. LOCATION city or town state: White Salmon, Washington
20a. FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature): Kenneth Wenicker
20b. NAME AND ADDRESS OF FACILITY: GARDNER FUNERAL HOME, INC., White Salmon, Wa. 98672

CERTIFIER

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a. (Signature): Grover C. Carter M.D.
21b. DATE SIGNED (Mo., Day, Yr.): July 10, 1980
21c. HOUR OF DEATH: 0034 M
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Grover C. Carter, M.D. 1790 May St., Hood River, Oregon 97031
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JUL 10 1980
22b. REGISTRAR (Signature): Marjorie J. Talley

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Acute Liver Failure — Interval between onset and death: 3 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(b) Metastatic Carcinoma — Interval between onset and death: 6 months
DUE TO, OR AS A CONSEQUENCE OF:
(c) Infiltrating Ductal Adenocarcinoma of Right Breast — Interval between onset and death: 18 months

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 MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26. ACCIDENT (Specify Yes or No): No
27. DATE OF INJURY (Mo., Day, Yr.)
28. HOUR OF INJURY
29. DESCRIBE HOW INJURY OCCURRED
30. INJURY AT WORK (Specify Yes or No)
31. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
32. LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

FILED FOR RECORD
SKAMANIA CO. WASH.
BY SKAMANIA CO. TITLE
Nov 16 12 07 PM '95
Q Lowry
AUDITOR
GARY M. OLSON

1467
REAL ESTATE EXCISE TAX
NOV 16 1995
PAID Wenick
Deputy
SKAMANIA COUNTY TREASURER

STATE OF OREGON
COUNTY OF HOOD RIVER

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the HOOD RIVER COUNTY PUBLIC HEALTH DEPARTMENT.

HOOD RIVER COUNTY HEALTH DEPARTMENT

Marjorie J. Talley
Registrar of Vital Statistics

July 10, 1980
Date

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed
Mailed

NOT VALID WITHOUT RAISED SEAL OF HOOD RIVER COUNTY HEALTH DEPARTMENT