

CERTIFICATE OF VITAL RECORD

087644
10 TAO NO
03519
Local File Number

123832

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

BOOK 153 PAGE 700

State File Number

1 DECEASED'S First NAME Kim		2 SEX Male		3 DATE OF DEATH (Month, Day, Year) July 3, 1991	
4 SOCIAL SECURITY NUMBER [REDACTED]		5 AGE Last Birthday 37		6 DATE OF BIRTH (Month, Day, Year) April 10, 1954	
7 PLACE OF DEATH (Check only one) ☒ Hospital ☐ Home ☐ Other		8 CITY, TOWN OR LOCATION OF DEATH Portland		9 COUNTY OF DEATH Multnomah	
10 DECEASED'S US ARMED FORCES STATUS ☐ Yes ☒ No		11 DECEASED'S US ARMED FORCES SERVICE NUMBER [REDACTED]		12 DECEASED'S US ARMED FORCES SERVICE BRANCH [REDACTED]	
13 DECEASED'S US ARMED FORCES SERVICE DUTY STATION [REDACTED]		14 DECEASED'S US ARMED FORCES SERVICE DUTY TITLE [REDACTED]		15 DECEASED'S US ARMED FORCES SERVICE DUTY GRADE [REDACTED]	
16 DECEASED'S US ARMED FORCES SERVICE DUTY GRADE [REDACTED]		17 DECEASED'S US ARMED FORCES SERVICE DUTY GRADE [REDACTED]		18 DECEASED'S US ARMED FORCES SERVICE DUTY GRADE [REDACTED]	
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JUL 16 1991

DATE ISSUED

17772

REAL ESTATE EXCISE TAX

NOV 17 1995

GARY M. OLSON
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

FILED FOR RECORD
SKAMIA A.O. WASH
BY SKAMIA CO. TITLE

Nov 17 12 32 PM '95
P. Lavy
AUDITOR
GARY M. OLSON

CERTIFICATE OF VITAL RECORD

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OREGON DEPARTMENT OF HUMAN RESOURCES
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BOOK 153 PAGE 700

State File Number

1 DECEASED'S NAME Kim Earl CLINE		2 SEX Male		3 DATE OF DEATH (Month, Day, Year) July 3, 1991	
4 SOCIAL SECURITY NUMBER [REDACTED]		5a AGE Last Birthday (Year) 37		5b Under 1 Year Months Days	
6 BIRTHPLACE (City and State or Foreign Country) Vancouver, WA		7 DATE OF BIRTH (Month, Day, Year) April 10, 1954		8a PLACE OF DEATH (Specify only if not at home) Home	
9 WAS DECEASED EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		10 HOSPITAL ☒ HOME ☐ OTHER ☐ (Specify)		11 MARRITAL STATUS - Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ (Specify)	
12 FACILITY NAME (If not institution, give street and number) Emanuel Hospital		13 CITY, TOWN OR LOCATION OF DEATH Portland		14 COUNTY OF DEATH Multnomah	
15 DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Millwright		16 KIND OF BUSINESS/INDUSTRY Paper Mill		17 SPOUSE (If Married, widowed, Divorced) (Specify) Marlene Meredith	
18 RESIDENCE - STATE Washington		19 COUNTY Skamania		20 STREET AND NUMBER M.P. 2.22R Belle Center Rd.	
21 INSIDE CITY LIMITS? ☐ Yes ☒ No		22 ZIP CODE 98671		23 RACE (Specify) White	
24 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		25 DECEASED'S EDUCATION (Specify only highest grade completed) 12		26 INFORMANT - NAME and relationship to deceased Marlene Cline - Wife	
27 FATHER - NAME first middle last Dale Vernon Cline		28 MOTHER - NAME first middle maiden Maxine Shellhorn		29 PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Washougal Memorial Cemetery	
30 METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Removal from State ☐ Other (Specify)		31 LICENSE NUMBER OF LICENSEE QL 816		32 NAME, ADDRESS AND ZIP OF FACILITY Straub's Funeral Home 325 N. E. 3rd Ave., Camas, WA 98607	
33 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING IN LIEU <i>[Signature]</i>		34 DATE PREPARED (Month, Day, Year) July 11 1991		35 REGISTRAR'S SIGNATURE <i>[Signature]</i>	
36 DO HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO Don't		37 TIME OF DEATH 5:25P M		38 DATE PROCLAIMED DEAD (Month, Day, Year, Hour) July 3, 1991 5:25P M	
39 TO THE BEST OF MY KNOWLEDGE, death occurred at the time, date, place and due to the causes and manner stated. (Signature) Karen Gunson		40 DATE SIGNED (Month, Day, Year) July 5, 1991		41 STATE OF OREGON	
42 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) KAREN GUNSON, M.D., DEPUTY MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212		43 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING (Type or Print)		44 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. Interval between onset and death.	
45 PART I MECHANICAL COMPRESSION OF CHEST WITH ANOXIC BRAIN INJURY DUE TO, OR AS A CONSEQUENCE OF		46 PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I		47 DISPOSITION OF BODY ☒ Burial ☐ Cremation ☐ Other (Specify)	
48 MANNER OF DEATH ☒ Natural ☐ Pending investigation ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal intervention		49 DATE OF ONSET (Month, Day, Year) June 28, 1991		50 TIME OF ONSET 2:46P M	
51 PLACE OF INJURY (Specify building etc.) Home		52 DESCRIBE HOW INJURY OCCURRED Tractor roll over accident on hillside		53 ADDRESS OF INJURY (City or Town, State) MP 2.22R Belle Center Road Washougal, Washington	

RESERVED FOR REGISTRAR'S USE

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REAL ESTATE EXCISE TAX

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PAID
ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

SKAMANIA COUNTY TREASURER

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SKAMANIA CO. WASH
BY **SKAMANIA CO. TITLE**

Nov 17 12 32 PM '95

GARY M. OLSON
AUDITOR