

CERTIFICATION OF VITAL RECORD

123846

BOOK 753 PAGE 734

11-20-95
PERMANENT
BLACK INK

0-4033
1213-75
Local File Number

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

138

Date File Number

1. DECEASED'S NAME Marvin Ford WESTFALL		2. SEX Male		3. DATE OF BIRTH (month, day, year) August 9 1905	
4. SOCIAL SECURITY NUMBER 88		5. UNDER 1 Year Yes		6. UNDER 1 Day Yes	
7. PLACE OF BIRTH (city and state or foreign country) Maryville MO		8. DATE OF DEATH (month, day, year) June 21 1997		9. PLACE OF DEATH (city and state or foreign country) Hood River	
10. HUSBAND'S NAME (if deceased) George Harry Westfall		11. WIFE'S NAME (if deceased) Lucy May Ford		12. CHILDREN'S NAMES (if deceased) Mary L. Westfall	
13. PHYSICIAN/RADIOLOGIST Veterans Administration		14. MARITAL STATUS Married		15. MARRIAGE DATE 251 Stewart Rd	
16. COUNTY Washington		17. COUNTY Skamania		18. COUNTY Stevens	
19. RACE White		20. RACE White		21. RACE White	
22. PLACE OF BIRTH (city and state or foreign country) Washington		23. PLACE OF BIRTH (city and state or foreign country) Skamania		24. PLACE OF BIRTH (city and state or foreign country) Stevens	
25. PLACE OF BIRTH (city and state or foreign country) Washington		26. PLACE OF BIRTH (city and state or foreign country) Skamania		27. PLACE OF BIRTH (city and state or foreign country) Stevens	
28. PLACE OF BIRTH (city and state or foreign country) Washington		29. PLACE OF BIRTH (city and state or foreign country) Skamania		30. PLACE OF BIRTH (city and state or foreign country) Stevens	
31. PLACE OF BIRTH (city and state or foreign country) Washington		32. PLACE OF BIRTH (city and state or foreign country) Skamania		33. PLACE OF BIRTH (city and state or foreign country) Stevens	
34. PLACE OF BIRTH (city and state or foreign country) Washington		35. PLACE OF BIRTH (city and state or foreign country) Skamania		36. PLACE OF BIRTH (city and state or foreign country) Stevens	
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DATE ISSUED **HOOD RIVER** **AUG 11 1995** **COUNTY OREGON**

FILED FOR RECORD
SKAMANIA CO. WASH
BY **Kielinski & Assoc.**

Nov 20 3 03 PM '95
P. Lowry
AUDITOR
GARY M. OLSON
Dorothy A. O'Dell
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

Gary M. Olson, Skamania County Assessor
Date 11-20-95 Period 11-20-95-11-20-95

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0-4013
ID 130 NO

1213-75
Local File Number

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

130

Death File Number

1 DECEASENT NAME Marvin Ford WESTFALL		2 SEX Male		3 DATE OF DEATH Month, Day, Year August 8 1995	
4 SOCIAL SECURITY NUMBER 08		5 BIRTHPLACE (City and State or Foreign) Maryville MO		6 DATE OF BIRTH Month, Day, Year June 21 1907	
7 DECEASENT'S RESIDENCE Hood River Memorial Hospital		8 PLACE OF DEATH (House only and) Hood River		9 COUNTY OF DEATH Hood River	
10 DECEASENT'S USUAL OCCUPATION Physician/Radiologist		11 MARITAL STATUS (Married, Single, Widowed, Divorced, Separated) Married		12 SPOUSE'S NAME Mary Louise Westfall	
13 DECEASENT'S STATE Washington		14 CITY, TOWN, OR LOCATION Stevenson		15 STREET AND NUMBER 281 Stewart Rd	
16 DECEASENT'S RACE White		17 DECEASENT'S EDUCATION 5+		18 DECEASENT'S BIRTHPLACE MO	
19 FATHER'S NAME George Henry Westfall		20 MOTHER'S NAME Lucy May Ford		21 DECEASENT'S BIRTHPLACE Mary L. Westfall Wife	
22 DECEASENT'S BIRTHPLACE Win-quett Crematory		23 PLACE OF INTERMENT (Name of cemetery, crematory, or other place) The Dells OR		24 LOCATION (City or Town, State) The Dells OR	
25 DECEASENT'S SERVICE LICENSE NO. 1482		26 NAME, ADDRESS AND ZIP OF FUNERAL HOME GARDNER FUNERAL HOME INC. POB 390 WHITE SALMON WA 98072		27 DECEASENT'S SIGNATURE <i>[Signature]</i>	
28 DATE PLUS Month, Day, Year August 11, 1995		29 DECEASENT'S SIGNATURE <i>[Signature]</i>		30 DECEASENT'S SIGNATURE <i>[Signature]</i>	
31 TO BE COMPLETED BY CERTIFYING PHYSICIAN 31a TIME OF DEATH 7:51 P.		31b DECEASENT'S SIGNATURE <i>[Signature]</i>		31c DECEASENT'S SIGNATURE <i>[Signature]</i>	
32 TO BE COMPLETED BY MEDICAL EXAMINER 32a TIME OF DEATH 7:51 P.		32b DECEASENT'S SIGNATURE <i>[Signature]</i>		32c DECEASENT'S SIGNATURE <i>[Signature]</i>	
33 NAME, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN Michael Pendleton, MD 1108 June St Hood River, OR 97031		34 NAME, ADDRESS AND ZIP OF MEDICAL EXAMINER Michael Pendleton, MD 1108 June St Hood River, OR 97031		35 NAME, ADDRESS AND ZIP OF OTHER PHYSICIAN (Type or Print)	
36 DECEASENT'S CAUSE OF DEATH (Enter only one cause per line for all and do not enter mode of death, e.g., Cardiac or Respiratory Arrest) Myocardial Infarction		37 DECEASENT'S CAUSE OF DEATH (Enter only one cause per line for all and do not enter mode of death, e.g., Cardiac or Respiratory Arrest) Myocardial Infarction		38 DECEASENT'S CAUSE OF DEATH (Enter only one cause per line for all and do not enter mode of death, e.g., Cardiac or Respiratory Arrest) Myocardial Infarction	
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Gary H. Martin, Skamania County Assessor

Date 11-21-95 Parcel # 9-7-25-2-1501

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DATE ISSUED **HOOD RIVER** **AUG 11 1995** **COUNTY OREGON**

Nov 20 3 03 PM '95
P. Olsson
GARY H. OLSON
DOROTHY A. ODELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON