CERTIFICATION OF VITAL RECORD

59386 — OREGON DEPARTMENT OF HUMAN RESOURCES

STATE FILE NO. 123959 — HEALTH DIVISION, Vital Records Unit — BOOK 154 PAGE 49

090 — CERTIFICATE OF DEATH — 136

DECEDENT

1. DECEDENT'S NAME: Robert H. TICHENOR
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): May 7, 1992
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE (Last Birthday): 79
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Salem, OR
7. DATE OF BIRTH (Month, Day, Year): June 29, 1912
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? X Yes ☐ No
9. PLACE OF DEATH (Check only one): HOSPITAL X Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Mid-Columbia Medical Center
9b. CITY, TOWN, OR LOCATION OF DEATH: The Dalles
9c. COUNTY OF DEATH: Wasco
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Meat cutter/owner
10b. KIND OF BUSINESS/INDUSTRY: Grocery
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced, Specify): Married
12. SPOUSE (If Married, Widowed, Divorced): Lorena S.
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN, OR LOCATION: Stevenson
13d. STREET AND NUMBER: 199 NW Del Ray
13e. INSIDE CITY LIMITS? X Yes ☐ No
13f. ZIP CODE: 98648
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) X 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): 12; College (1-4 or 5+):

PARENTAGE

17. FATHER - NAME first middle last: Grover - Tichenor
18. MOTHER - NAME first middle maiden: Anna - Devlin
19. INFORMANT - NAME, RELATIONSHIP TO DECEDENT: Lorena Tichenor, Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Entombment X Burial ☐ Cremation X Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Stevenson Cemetery
20c. LOCATION - City or Town, State: Stevenson, WA

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: K. L. Dinick
21b. LICENSE NUMBER (Of Licensee): 1482
22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. Box 390 White Salmon, WA 98672
23. DATE FILED (Month, Day, Year): May 20, 1992
24. REGISTRAR'S SIGNATURE: Paula Richmond, Deputy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? X YES ☐ NO ☐ N/A
26. WAS GIFT MADE? X YES ☐ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2005 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes X 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): Thomas H. Hodge, MD
30. DATE SIGNED (Month, Day, Year): May 12 1992
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Type or Print): Thomas Hodge, M.D. 1825 E. 19th Suite 1 The Dalles, OR 97058
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

29a. TIME OF DEATH: M
29b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
29c. 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)
30. DATE SIGNED (Month, Day, Year) COUNTY

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

33. 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) Ventricular fibrillation
DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Heart disease
DUE TO, OR AS A CONSEQUENCE OF: (c)
Interval between onset and death:
PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I
34. Did tobacco use contribute to death? X Yes ☐ No ☐ Probably ☐ Unk
35. AUTOPSY ☐ Yes X No
36. If YES, were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

37. MANNER OF DEATH: X Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined ☐ Could not be determined ☐ Legal Intervention
38a. DATE OF INJURY (Month, Day, Year)
38b. TIME OF INJURY: M
38c. INJURY AT WORK? ☐ Yes ☐ No
38d. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))
38e. DESCRIBE HOW INJURY OCCURRED
38f. LOCATION (Street & Number or R.F.D. Number, City or Town, State)

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

RESERVED FOR REGISTRAR'S USE

Dec 5 4 11 PM '95
D Lowry
AUDITOR
GARY M. OLSON

ORIGINAL — VITAL STATISTICS COPY — REV 1-88

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DATE ISSUED: MAY 20 1992

Carla Chamberlain
CARLA CHAMBERLAIN
COUNTY REGISTRAR
WASCO COUNTY, OREGON

Typed
Indexed
Proofed
Mailed

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

59386 — OREGON DEPARTMENT OF HUMAN RESOURCES

ID TAG NO 123959 — HEALTH DIVISION — Vital Records Unit — BOOK 154 PAGE 49

099 Local File Number — CERTIFICATE OF DEATH — 136 State File Number

1 DECEDENT'S NAME: First Robert — Middle H. — Last TICHENOR

2 SEX: M

3 DATE OF DEATH (Month, Day, Year): May 7, 1992

4 SOCIAL SECURITY NUMBER: [redacted]

5a AGE - Last Birthday (Years): 79

5b Under 1 Year: Mos. / Days

5c Under 1 Day: Hours / Minutes

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7 DATE OF BIRTH (Month, Day, Year): June 29, 1912

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9a PLACE OF DEATH (Check only one): X Hospital — Inpatient ☐ ER/Outpatient ☐ DOA — ☐ Other — ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

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9d COUNTY OF DEATH: Wasco

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Meat cutter/owner

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20c LOCATION - City or Town, State: Stevenson, WA

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26 WAS GIFT MADE? X YES ☐ NO ☐ NA

TO BE COMPLETED BY CERTIFYING PHYSICIAN

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31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Thomas Hodge, M.D. 1825 E. 19th Suite 1 The Dalles, OR 97058

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30d DATE SIGNED (Month, Day, Year): COUNTY

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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

PART I (a) Ventricular fibrillation — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Heart disease — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:

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

37 Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☐ Unk

38 AUTOPSY ☐ Yes ☐ No

39 Were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40 MANNER OF DEATH: X Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined ☐ 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 R.F.D. Number, City or Town, State)

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Carla Chamberlain
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COUNTY REGISTRAR
WASCO COUNTY, OREGON