CERTIFICATION OF VITAL RECORD

126188

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

180757 ID. TAG NO

133-95 Local File Number

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

BOOK 789 PAGE 427

136- 95-004531 State File Number

1 DECEDENT'S NAME: First: Fern; Middle: Viola; Last: CUMMINGS

2 SEX: Female

3 DATE OF DEATH (Month, Day, Year): March 14 1995

4 SOCIAL SECURITY NUMBER: [redacted]

5a AGE (Last Birthday) (Years): 70

5b Under 1 Year: Months / Days

5c Under 1 Day: Hours / Minutes

6 BIRTHPLACE (City and State or Foreign Country): Eaton CO

7 DATE OF BIRTH (Month, Day, Year): April 23 1924

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b FACILITY NAME (If not institution, give street and number): Hood River Care Center

9c CITY, TOWN, OR LOCATION OF DEATH: Hood River

9d COUNTY OF DEATH: Hood River

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

10b KIND OF BUSINESS/INDUSTRY: Own Home

11 MARITAL STATUS (Never Married, Married, Widowed, Divorced (Specify)): Widowed

12 SPOUSE (If Married, Widowed, or Divorced): Boyd B Cummings

13a RESIDENCE - STATE: Washington

13b COUNTY: Skamania

13c CITY, TOWN, OR LOCATION: Underwood

13d STREET AND NUMBER: Box 104 Hwy 14

13e INSIDE CITY LIMITS? ☐ Yes ☐ No

13f ZIP CODE: 98651

14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ 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): 9; College (1 to 4 or 5+)

17 FATHER - NAME First Middle Last: Vergil R Mackey

18 MOTHER - NAME First Middle Maiden: Geneva M Alps

19 INFORMANT - NAME and relationship to deceased: Tim Cummings, Son

20a METHOD OF DISPOSITION: ☒ Cremation ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Idlewild Cemetery

20c LOCATION - City or Town, State: Hood River OR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: K Dimick

21b LICENSURE NUMBER (Of Licensee): 1482

22 NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME INC. POB 390 WHITE SALMON WA 98672

23 DATE FILED (Month, Day, Year): March 15, 1995

24 REGISTRAR'S SIGNATURE: Marilyn A O'Dell

25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26 WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 0035 M

28 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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)

30 DATE SIGNED (Month, Day, Year): 3-14-95

31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): Raymond FitzSimons, MD POB 1519 White Salmon, WA 98672

32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

33a TIME OF DEATH: M

33b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)

34 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)

35 DATE SIGNED (Month, Day, Year)

RECORD
SKAMANIA WASH
BY
COUNTY Esther R Liddell

SEP 9 1 51 PM '96

P Johnson
DEPUTY
Martha OLSON

36 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) Renal Failure
due to, or as a consequence of:
(b) Atherosclerotic Vascular Disease
due to, or as a consequence of:
(c)

Interval between onset and death: Years

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

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

38 AUTOPSY ☐ Yes ☒ No

39 Was Medical Examiner or Coroner contacted before autopsy? ☐ Yes ☐ No ☐ N/A

40 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ 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 Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE
Item 37, added by supplemental, 2/8/96, Edward J. Johnson II, State Registrar tlb

Typed
Issued, Dir
Indexed
Filmed

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED: SEP 04 1996

EDWARD J JOHNSON II
STATE REGISTRAR