CERTIFICATION OF VITAL RECORD

126621 BOOK 160 PAGE 275

0-4039 LD. TAG NO.

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

Local File Number 136- State File Number

DECEDENT

1. DECEDENT'S NAME: First Shirley; Middle Ann; Last ADAMS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 22, 1996
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE Last Birthday (Years): 58
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Carlton, OR
7. DATE OF BIRTH (Month, Day, Year): September 3, 1937
8. U.S. ARMED FORCES? ☐ Yes ☐ No
8a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): University Hospital South
8c. CITY, TOWN, OR LOCATION OF DEATH: Portland
8d. COUNTY OF DEATH: Multnomah
9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Secretary
9b. KIND OF BUSINESS/INDUSTRY: U.S. Forest Service
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12. SPOUSE (If Married, Widowed): [redacted]
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN OR LOCATION: Carson
13d. STREET AND NUMBER: 1,58 Metzger Road
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 98610
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): 10; College (1-8 or 9+):

PARENTS

17. FATHER - NAME first middle last: Jesse Chester McElroy
18. MOTHER - NAME first middle maiden: Dorothy Mae Crouch

INFORMANT

19. INFORMANT - NAME and relationship to deceased: Terrie Babcock, Daugh.

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Win-quatt Crematory
20c. LOCATION - City or Town, State: The Dalles, OR

FILED OF RECORD
SKAMANIA COUNTY, WASH
BY: SKAMANIA CO. TITLE

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: K. Dienicke
21b. LICENSE NUMBER (Of Licensee): 1482
22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. POB 390 White Salmon, WA 98672
OCT 23 1 54 PM '96
GARY H. OLSON AUDITOR

REGISTRAR

23. DATE FILED (Month, Day, Year): JUN 2 6 1996
24. REGISTRAR'S SIGNATURE: [signature] Deputy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ NA
26. GIFT MADE? ☐ YES ☐ NO ☐ NA

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 12:30 P 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): [signature]
30. DATE SIGNED (Month, Day, Year): 6/22/96
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER: MEDICAL EXAMINER (Type or Print): Carla Fracchia, MD 3181 S.W. Sam Jackson Park Road Portland, Oregon 97201-3098
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Paul Kucera, MD

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
32. 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)
33. DATE SIGNED (Month, Day, Year)
COUNTY

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

CAUSE OF DEATH

36. 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) Recurrent Squamous cell carcinoma of uterine cervix — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) — 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 resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
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

REAL ESTATE EXCISE TAX 18382

Gary H. Martin, Skamania County Assessor
Date 10-23-96 Parcel # 3-8-17-4-2290

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT
ORIGINAL VITAL STATISTICS COPY
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED: JUN 2 6 1996

OCT 23 1996
PAID exempt
SKAMANIA COUNTY TREASURER
Deputy

GARY L. OXMAN, M.D.
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854