126902 13974 ID TAG NO

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

BOOK 161 PAGE 312

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

Local File Number

State File Number

DECEDENT

1 DECEASED — NAME: First: Ivan; Middle: K; Last: FINK

2 DATE OF DEATH (month, day, year): October 09, 1987

3 RACE (White, Black, American Indian, etc.) (specify): White

4 SEX: Male

5a AGE — Last birthday (years): 79

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): July 30, 1908

7a CITY, TOWN OR LOCATION OF DEATH: Portland

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Emanuel Hospital

7c IF HOSP OR INST, Indicate DOA, OP, Emer. Rm., Inpatient (specify): Inpatient

7d COUNTY OF DEATH: Multnomah

8 STATE OF BIRTH (If not in U.S.A. name country): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (If MARRIED, WIDOWED): Anabel

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes

13 SOCIAL SECURITY NUMBER: [redacted]

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

14b KIND OF BUSINESS OR INDUSTRY: Lumber Company

15a RESIDENCE — STATE: Washington

15b COUNTY: Skamania

15c CITY, TOWN OR LOCATION: Underwood

15d STREET AND NUMBER OR R.F.D.: Mile Post 62

ZIP: 98651

15e Inside City Limits (specify yes or no): No

16 FATHER — NAME (first, middle, last): Adie K Fink

17 MOTHER — (first, middle, last, (Maiden Name)): Isabella Tarr

18 INFORMANT — NAME and relationship to deceased: Anabel Fink - Wife

DISPOSITION

18a BURIAL, CREMATION, REMOVAL, MAUS (specify): Removal/Burial

18b CEMETERY OR CREMATORY — NAME: Klickitat County Distric # 1

18c LOCATION (city or town, state): White Salmon WA

19a FUNERAL SERVICE LICENSEE (Signature) and person acting as such: [signature]

19b NAME AND ADDRESS OF FACILITY: Gardner Funeral Home P.O. Box 276 White Salmon WA 98672

CERTIFIER

To be Completed by Certifying Physician Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

20a (Signature): Ivan P Laumb

20b DATE SIGNED (Mo., Day, Year): 10/09/87

20c HOUR OF DEATH: 7:00 P

20d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): IVAN P LAUMB 2707 NE 33rd Portland, OR 97212

20e NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (Type or Print)

20f DATE RECEIVED BY REGISTRAR (Mo., Day, Year): OCT 18 1987

20g REGISTRAR: [signature]

CAUSE OF DEATH

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

PART I

21 (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).): Bronchopneumonia

Interval between onset and death:

(b) DUE TO, OR AS A CONSEQUENCE OF: Advanced Metastatic Carcinoma of Colon

Interval between onset and death:

(c) DUE TO, OR AS A CONSEQUENCE OF:

Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I(a): Chronic Obstructive Pulmonary disease

22 AUTOPSY (Specify Yes or No): No

23 WAS MEDICAL EXAMINER NOTIFIED? (Specify Yes or No): No

24 ACCIDENT (Specify Yes or No): No

25a DATE OF INJURY (Mo., Day, Year):

25b HOUR OF INJURY:

25c DESCRIBE HOW INJURY OCCURRED:

26 INJURY AT WORK (Specify Yes or No):

27 PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify):

28 LOCATION — STREET OR R.F.D. NO. / CITY OR TOWN / STATE:

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N.A. ☐

WAS GIFT MADE? YES ☐ NO ☐ N.A. ☐

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON
COUNTY OF MULTNOMAH

ORIGINAL - VITAL STATISTICS COPY

Date OCT 18 1987

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

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

DEC 11 11 51 AM '96

AUDITOR
GARY H. OLSON

Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

Entered
Indexed, Dir
Indirect
Filmed
Mailed

CS-82/615

3-10-22-100-89

18483

REAL ESTATE EXCISE TAX

DEC 11 1996

PAID exempt

SKAMANIA COUNTY TREASURER