127401

BOOK 162 PAGE 795

FILED
STEVENSON
BY Marie Callahan
FEB 24 10 29 AM '97
O Lowery
CARRIE OLSON

RETURN ADDRESS:
MARIE B Callahan
Box 848
Stevenson, WA 98648

Please Print or Type Information.

Document Title(s) or transactions contained therein:
1. Certificate of Death
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)
1. Callahan, Jack O
2.
3.
4.
[ ] Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)
1. Callahan, MARIE B
2.
3.
4.
[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)
T3N R7E S36 LOTS 15 & 16 BLK 5 of Riverview Addition TO The TOWN OF STEVENSON
[ ] Additional Names on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released: Book 65 page 280
[ ] Additional Names on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
03 07 36 4 4 4400 00
[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional Names on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

CERTIFICATION OF VITAL RECORD

BOOK 162 PAGE 796

180799
ID. TAG NO

Local File Number

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

136

State File Number

1. DECEDENT'S NAME (First, Middle, Last): Jack O CALLAHAN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Nov-1-96
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE Last Birthday (Years): 75
5b. Under 1 Year: Mos / Days
5c. Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Medford, OR
7. DATE OF BIRTH (Month, Day, Year): April 15, 1921
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): Dept of Veterans Affairs Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Mechanic/Electrician
10b. KIND OF BUSINESS/INDUSTRY: Sawmill
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Marie B. Callahan
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN OR LOCATION: Stevenson
13d. STREET AND NUMBER: 73 NW 1st St.
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 98648
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) / College (1-4 or 5+): 1
17. FATHER - NAME (First, Middle, Last): Nathan O. Callahan
18. MOTHER - NAME (First, Middle, Maiden): Jladys - Randall
19. INFORMANT - NAME and relationship to decedent: Marie Callahan, Wife
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Wind River Cemetery
20c. LOCATION - City or Town, State: Carson, WA
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Rudy Dirrickx
21b. LICENSE 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): NOV. 0 6 1996
24. REGISTRAR'S SIGNATURE: [signature]
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A: not available
26. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A: not available

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0820 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): Jenny Wang
30. DATE SIGNED (Month, Day, Year): 11/1/96

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jennifer Wang, M.D. — Portland VA Medical Center, 3710 SW US Veterans Hospital Road, Portland, Or 97207
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Helen Duewel

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

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		Cause	Interval between onset and death
I	(a)	sepsis	one week
	(b) DUE TO, OR AS A CONSEQUENCE OF:	multiple myeloma	9 mon
	(c) DUE TO, OR AS A CONSEQUENCE OF:		
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? M ☐ 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

18621
REAL ESTATE EXCISE TAX
FEB 24 1997
PAID exempt
[signature], Deputy
SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor
Date 2/24/97 Parcel # 3-7-36-4-4-4400

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 2/96

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR

NOV. 0 6 1996

DATE ISSUED

Hilda Chaski Adams, MPH
HILDA CHASKI ADAMS, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE