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BOOK 181 PAGE 757

FILED FOR RECORD
SKAMANIA CO. WASH
BY Angela Leonard
SEP 29 10 00 AM '98
Gary
AUDITOR
GARY N. OLSON

Return Address:

Angela Leonard
14522 SE 27th Circle
Vancouver, Wa 98683

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Death Certificate
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Busby, Laurel
2.
3.
4.

[ ] Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)

1. The Public
2.
3.
4.

[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

Cabin Northwoods #71

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

96 - 0000 71

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional parcel #'s 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

LO. TAB NO. 00932 — Local File Number

HEALTH DIVISION — CENTER FOR HEALTH STATISTICS — CERTIFICATE OF DEATH — 1996 — 181 PAGE 758 — State File Number

1. DECEDENT'S First NAME: Laurel	Middle: Maurice	Last: BUSBY	3. SEX: Male	4. DATE OF DEATH: May 25, 1996	
5. SOCIAL SECURITY NUMBER: [redacted]	6a. AGE-Last Birthday (Years): 79	6b. Under 1 Year: Months / Days	6c. Under 1 Day: Hours / Minutes	7. BIRTHPLACE (City and State or Foreign Country): Baker, Oregon	8. DATE OF BIRTH: March 22, 1917
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No	10. PLACE OF DEATH: ☒ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA; ☐ Nursing Home ☐ Residence ☐ Other				
11a. FACILITY NAME: 2704 Pine Lane	11b. CITY, TOWN, OR LOCATION OF DEATH: Milwaukie	11c. COUNTY OF DEATH: Clackamas			
12a. DECEDENT'S USUAL OCCUPATION: Self Employed	12b. KIND OF BUSINESS/INDUSTRY: Machinist	13. MARITAL STATUS: Married	14. SPOUSE: Nevada Montague		
15a. RESIDENCE - STATE: Oregon	15b. COUNTY: Clackamas	15c. CITY, TOWN OR LOCATION: Milwaukie	15d. STREET AND NUMBER: 2704 Pine Lane		
15e. INSIDE CITY LIMITS? ☒ Yes ☐ No	15f. ZIP CODE: 97267	16. WAS DECEDENT OF HISPANIC ORIGIN? ☐ Yes ☐ No	17. RACE: White	18. DECEDENT'S EDUCATION: College (1-4 or 5+): 2	
19. FATHER - NAME: Bert Busby	20. MOTHER - NAME: Grace Dolby	21. INFORMANT - NAME: Nevada J. Busby (Wife)			
22a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other	22b. PLACE OF DISPOSITION: Lincoln Memorial Park	22c. LOCATION: Portland, Oregon			
23a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: David L. Tate	23b. LICENSE NUMBER: 3552	23c. NAME, ADDRESS AND ZIP OF FACILITY: Lincoln Memorial Park and Funeral Home, 11801 S.E. Mt. Scott Blvd., Portland, Oregon 97266			
24. DATE FILED: MAY 30 1996	25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT DONATION? ☐ Yes ☐ No	26. [illegible]	27. WAS GIFT MADE? ☐ Yes ☐ No		

TO BE COMPLETED BY CERTIFYING PHYSICIAN

28. TIME OF DEATH: 2:25 A M	29. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No	
30. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Philip Buckley MD		
31. DATE SIGNED: 5-29-96		
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER: Philip Buckley M.D. 1321 N.E. 99th Portland, Oregon 97220		
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:		

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

		Interval Between Onset and Death
PART I (a)	DUE TO, OR AS A CONSEQUENCE OF: Metastatic Prostate cancer	9 yrs
(b)	DUE TO, OR AS A CONSEQUENCE OF:	
(c)		
PART II	OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I.	

35. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown

36. AUTOPSY: ☐ Yes ☒ No

37. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

38. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined ☐ Legal Intervention

39a. DATE OF INJURY (Month, Day, Year)

39b. TIME OF INJURY

39c. INJURY AT WORK? ☐ Yes ☐ No

39d. DESCRIBE HOW INJURY OCCURRED

39e. PLACE OF INJURY - (e.g. Home, Farm, Street, Factory, Office Building etc.) (Specify)

39f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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97-024387

ORIGINAL-VITAL STATISTICS COPY

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

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

DATE ISSUED: MAY 30 1996

THOMAS M. TROXEL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE