134804

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FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Patricia Moore

APR 9 1 20 PM '99
P Lowry
AUDITOR
GARY H. OLSON

RETURN ADDRESS:

Patricia Moore
PO Box 746
Stevenson, WA 98648

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. Moore, Calvin Roy
2.
3.
4.

☐ Additional Names on Page _____ of Document.

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

1. Moore, Roy Calvin
2.
3.
4.

☐ Additional Names on Page _____ of Document.

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

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

3-75-36-2-100

☐ Property Tax parcel ID is not yet assigned.
☐ Additional Parcel Numbers 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

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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232443
ID TAG NO.
3158-97

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

97-028607
State File Number

- 1. Decedent's Name (First, Middle, Last): Calvin Roy MOORE
- 2. Sex: M
- 3. Date of Death (Month, Day, Year): December 29, 1997
- 4. Social Security Number: [redacted]
- 5a. Age Last Birthday (Years): 86
- 6. Birthplace (City and State or Foreign Country): Stevenson, Washington
- 7. Date of Birth (Month, Day, Year): [redacted]
- 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: Hood River Memorial Hospital
- 9c. City, Town or Location of Death: Hood River
- 9d. County of Death: Hood River
- 10a. Decedent's Usual Occupation: Logger
- 10b. Kind of Business/Industry: Logging
- 11. Marital Status: Widowed
- 12. Spouse: Josephine Moore
- 13a. Residence – State: Washington
- 13b. County: Skamania
- 13c. City, Town or Location: Carson
- 13d. Street and Number: P.O. Box 481
- 13e. Inside City Limits? ☐ Yes ☒ No
- 13f. Zip Code: 98648
- 14. Was decedent of Hispanic origin? ☒ No ☐ Yes
- 15. Race: White
- 16. Decedent's Education: Elementary/Secondary (0-12): 5
- 17. Father – Name: Leo R. Moore
- 18. Mother – Name (maiden): Ruby Foster
- 19. Informant – Name and relationship to decedent: Roy Moore Son
- 20a. Method of Disposition: ☒ Cremation
- 20b. Place of Disposition: Portland Cremation Center
- 20c. Location – City or Town, State: Portland, Oregon
- 21a. Signature of Oregon Funeral Service Licensee or Person Acting as Such: [signature]
- 21b. Oregon License No.: 3307
- 22. Name, Address and Zip of Facility: Omega Cremation & Burial Service, 214 N.E. 20th Portland, Oregon 97232
- 23. Date Filed: January 14, 1998
- 24. Registrar's Signature: [signature]

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

- 27. Time of Death: 8:35 PM
- 28. Was Medical Examiner Notified? 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): 01-06-98

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

- 31a. Time of Death
- 31b. Date Pronounced Dead (Month, Day, Year)
- 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: Paul Hamada M.D. 1784 May Street Hood River, Oregon 97031
- 35. Name of Attending Physician if Other Than Certifier

36. Part I (a): Chronic Obstructive Pulmonary Disease — Interval between onset and death: 6 YEARS
(b) Due to, or as a consequence of:
(c) Due to, or as a consequence of:
(d)

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

STATE OF OREGON 1859

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: APR 08 1999

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

OREGON STATE HEALTH DIVISION

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE