135194

BOOK 189 PAGE 450
FILED FOR RECORD
SPOKANE WASH
BY Glen Miller
MAY 18 2 17 PM '99
A Moser
AUDITOR
GARY H. OLSON

RETURN ADDRESS:

Glen R. Miller
P. O. Box 252
Underwood, WA 98651

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. Miller, Joanne Louise
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)

N/A

[ ] Additional Names on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional Names on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

N/A

[ ] 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.

Unofficial Copy

CERTIFICATION OF VITAL RECORD

BOOK 189 PAGE 451

TYPE OR PRINT IN PERMANENT BLACK INK

258481
I.D. TAG NO.

4091-98
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 Joanne; Middle Louise; Last MILLER
2 SEX: Female
3 DATE OF DEATH (Month, Day, Year): August 6, 1998
4 SOCIAL SECURITY NUMBER: [redacted]
5a AGE Last Birthday (Years): 72
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Albuquerque, NM
7 DATE OF BIRTH (Month, Day, Year): [redacted]
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9c 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): Hood River Care Center
9c CITY, TOWN, OR LOCATION OF DEATH: Hood River
9d COUNTY OF DEATH: Hood River
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Secretary
10b KIND OF BUSINESS/INDUSTRY: Funeral
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12 SPOUSE (If Married, Widowed): Glen R.
13a RESIDENCE - STATE: Washington
13b COUNTY: Clark
13c CITY, TOWN OR LOCATION: Camas
13d STREET AND NUMBER: 2439 NW Logan
13e INSIDE CITY LIMITS? ☒ Yes ☐ No
13f ZIP CODE: 98607
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): 12; College (1-4 or 5+):
17 FATHER - NAME: First Cecil; Middle; Last Shirey
18 MOTHER - NAME: First Emily; Middle; Maiden Schmidt
19 INFORMANT - NAME and relationship to deceased: Glen R. Miller - Husband
20a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Oak Hill Cemetery
20c LOCATION - City or Town, State: Escondido, CA
21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William R. Blevins
21b OREGON LICENSE NO. (Of Licensee): 3535
22 NAME, ADDRESS AND ZIP OF FACILITY: Gable & Parkrose Funeral Chapels, Inc 225 NE 80th Ave., Portland, OR 97213
23 DATE FILED (Month, Day, Year): August 7, 1998
24 REGISTRAR'S SIGNATURE: Dorothy A. O'Dell
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27 TIME OF DEATH: 2130 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): Brenda Colfelt MD
30 DATE SIGNED (Month, Day, Year): August 7, 1998
31a TIME OF DEATH: M
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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): Dr. Brenda Colfelt, MD 849 Pacific Avenue, Hood River, OR 97031
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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 I (a) Chronic Obstructive Pulmonary Disease — Interval between onset and death: Years
DUE TO, OR AS A CONSEQUENCE OF:
(b) Tobacco Use — 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: Adenocarcinoma of unknown primary
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 M
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)

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN COPY

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ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 5-98

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

DATE ISSUED: HOOD RIVER AUG 07 1998 COUNTY OREGON

Dorothy A. O'Dell
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

STATE OF OREGON 1859

HOOD RIVER COUNTY REGISTRAR SEAL OF OREGON

HOWARD PARK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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