

135375

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FILED FOR RECORD
SKAGWAY, ALASKA
BY SKAGWAY CO. TITLE

JUN 9 2 45 PM '99

Garry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Diana K. Christopher

Address 6951 Shane Place

City/State Anchorage, AK 99507

Sec 2268

Document Title(s): (or transactions contained therein)

1. Death Certificate
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Christopher, Richard W
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Christopher, Diana K.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):



WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

CERTIFICATION OF VITAL RECORD

197198
ID. TAG NO.

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

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Local File Number

State File Number

1. DECEDENT'S NAME First: Richard Middle: W Last: CHRISTOPHER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) February 7, 1996
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE Last Birthday (Year) 80	5b. Under 1 Year Mo: Days: Hours: Mins:
6. PLACE OF BIRTH (City and State or Foreign Country) Minneapolis, MN		7. DATE OF BIRTH (Month, Day, Year) [REDACTED]	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. FACILITY NAME (If not institution, give street and number) Bishop Morris Care Center			
10. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Electrician		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
12. RESIDENCE - STATE Washington		13. COUNTY Skamania	
14. CITY, TOWN, OR LOCATION OF DEATH Carson		15. STREET AND NUMBER 1341 Bearcreek Rd.	
16. ZIP CODE 98610		17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, Specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
18. RACE American Indian, Black, White, etc. (Specify) White		19. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
20. FATHER - NAME First Middle Last Walter Christopher		21. MOTHER - NAME First Middle Maiden Lyda	
22. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Douglass Cemetery	
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Paul Butterfield		25. LICENSE NUMBER (For Licensee) 3073	
26. NAME, ADDRESS AND ZIP OF FACILITY Gateway Little Chapel of the Chimes 1515 NE 106th Ave., Portland, OR 97220		27. REGISTRAR'S SIGNATURE [Signature]	
28. DATE FILED (Month, Day, Year) FEB 12 1996		29. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
30. WAS GIFT MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
31. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
31a. TIME OF DEATH 10:00 A.M.		31b. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32. TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
32a. TIME OF DEATH		32b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)	
33. 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) [Signature]			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Richard Parker, MD, 1130 NW 22 Ste 640 Portland, OR 97210		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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)			
(a) Metastatic Colonic Carcinoma (Liver mets)		Interval between onset and death Weeks	
(b)		Interval between onset and death	
(c)		Interval between onset and death	
37. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I Chronic renal failure (diabetic)			
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		39. DATE OF INJURY (Month, Day, Year)	
40. TIME OF INJURY		41. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		43. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
44. DESCRIBE HOW INJURY OCCURRED			

ORIGINAL VITAL STATISTICS COPY

45-2 Rev 12/94

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

FEB 12 1996

DATE ISSUED:

GARY L. OXMAN, M.D.
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE