136613

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FILED FOR RECORD AT REQUEST OF
Verda Bargabus
Oct 21 10 03 AM '93
P Lowry
AUDITOR
GARY L. OLSON

Return Address:

Verda Bargabus
P O Box 44
White Salmon, WA 98672

Document Title(s) or transactions contained herein:

Death Certificate

GRANTOR(S) (Last name, first name, middle initial)

Bargabus, Norman Warren

[ ] Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

Public, The

[ ] 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 Documents assigned or released:

Indexed
Filmed
Verified

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

[ ] 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

IN PERMANENT BLACK INK

292181

ID TAG NO. 05091

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: Norman Warren BARGABUS

2 SEX: Male

3 DATE OF DEATH (Month, Day, Year): October 06,1999

4 SOCIAL SECURITY NUMBER: 538-16-4277

5a AGE (Last Birthday) (Years): 75

5b Under 1 Year: Mos. / Days

5c Under 1 Day: Hours / Min.

6 BIRTHPLACE (City and State or Foreign Country): Leviston, ID

7 DATE OF BIRTH (Month, Day, Year): August 29,1924

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? X Yes ☐ No

9a PLACE OF DEATH (Check only one): X HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b FACILITY NAME (If not institution, give street and number): Mt St. Joseph Care 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.): Baker/PUD

10b KIND OF BUSINESS/INDUSTRY: Owned Bakery Public Utility Employee

11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12 SPOUSE (If Married, Widowed or Divorced): Verda

13a RESIDENCE - STATE: Washington

13b COUNTY: Klickitat

13c CITY, TOWN OR LOCATION: White Salmon

13d STREET AND NUMBER: 165 NW Lincoln

13e INSIDE CITY LIMITS? X Yes ☐ No

13f ZIP CODE: 98672

14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, specify Cuban, Mexican, Puerto Rican, etc.) X No ☐ Yes

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 Middle Last: Warren Newell Bargabus

18 MOTHER NAME First Middle Maiden: Violet Louise Powell

19 INFORMANT - NAME and relationship to deceased: Verda Bargabus-Spouse

20a METHOD OF DISPOSITION: ☐ Burial X Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oregon Crematory

20c LOCATION (City or Town, State): Portland, OR.

21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Judy Mickam

21b OREGON LICENSE NO. (If Licensee): 0497

22 NAME AND ADDRESS AND ZIP OF FACILITY: Crown Burial & Cremation Service 10952 SE 21st Ave. Milwaukie, OR. 97222

23 DATE FILED (Month, Day, Year): OCT 13 1999

24 REGISTRAR'S SIGNATURE: Judy Mickam

RESERVED FOR REGISTRAR'S USE

TO BE FILED BY CERTIFIER

27 TIME OF DEATH: 1950

28 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No

29 Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ Unknown X No

30 AUTOPSY? ☐ Yes X No

31 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ Yes ☐ No ☐ N/A

32 DATE SIGNED (Month, Day, Year): 10/11/99

33 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Type or Print): James Bartoff MD 3181 SW Sam Jackson Park Rd. Portland, OR. 97201

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

34 TIME OF DEATH

35 DATE PRONOUNCED DEAD (Month, Day, Year, Hour)

36 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)

37 DATE SIGNED (Month, Day, Year)

38 COUNTY

39 NAME, TITLE AND ADDRESS OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

PART I (a) Oropharyngeal Atypical Disease

DUE TO, OR AS A CONSEQUENCE OF: (b)

DUE TO, OR AS A CONSEQUENCE OF: (c) Metastatic Prostate Cancer

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

40 MANNER OF DEATH: X Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other

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 - (e.g. home, farm, street, factory, office building, etc. (Specify)

41f LOCATION (Street and Number or Rural Route Number, City or Town, State)

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ORIGINAL-VITAL STATISTICS COPY

45-2-Rev 11/98

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

DATE ISSUED: OCT 13 1999

Lila Wickham RN MS

LILA WICKHAM RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854