136613

BOOK 194 PAGE 389

FILED FOR RECORD AT REQUEST OF
Verda Bargabus
Oct 21 10 03 AM '93
P Lowry
KLICKITAT COUNTY
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:*

[ ] 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.

Unofficial Copy

# 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): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER X 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 OFFICIAL OF 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 COMPLETED BY CERTIFIER

25 TIME OF DEATH: 1959

26 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No

27 Did an operation surgical procedure for any condition stated in item 29 or 30 be performed within the past four weeks? ☐ Yes ☐ No

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

29 DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M

30 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and from the cause(s) and manner stated. (Signature)

31 DATE SIGNED (Month, Day, Year): COUNTY

32 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER - MEDICAL EXAMINER (Type or Print): James Bartruff MD 3181 SW Sam Jackson Park Rd. Portland, OR. 97201

33 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

PART I (a) Coronary Artery Disease — Interval between onset and death

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

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

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I

34 Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☐ Unknown

35 AUTOPSY ☐ Yes X No

36 WERE ANY FINDINGS considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

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

38a DATE OF INJURY (Month, Day, Year)

38b TIME OF INJURY

38c INJURY AT WORK? ☐ Yes ☐ No

38d PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

38e LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev 11/98

BOOK 194 PAGE 390

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

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

YOGO