136902

BOOK 195 PAGE 197

RETURN ADDRESS:

Marilou Robinson
3561 SW Troy #5
Portland OR 97219

FILED
SHERIFF'S OFFICE
Marilou Robinson
Nov 24 2 05 P.M. '99
P Lowry
GARY M. OLSON

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. Robinson, Lyman Ward
2.
3.
4.

☐ Additional Names on Page _____ of Document.

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

1.
2.
3.
4.

☐ Additional Names on Page _____ of Document.

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

Cabin on Site 56 Northwoods

☐ 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 96-00005 4

☐ 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

BOOK 195 PAGE 198

167031 — I.D. TAB NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH — 136

Local File Number — State File Number

1. DECEDENT'S NAME: Lyman (First) Ward (Middle) ROBINSON (Last)
2. SEX: Male
3. DATE OF DEATH: April 2, 1995
4. SOCIAL SECURITY NUMBER: 517-20-5007
5a. AGE-Last Birthday (Years): 72
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Minutes)
6. BIRTHPLACE (City and State or Foreign Country): Great Falls, Montana
7. DATE OF BIRTH: April 4, 1922
8. HAS DECEDENT EVER BEEN IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. PLACE OF DEATH: ☐ Hospital: Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): 3561 SW Troy #5
8c. CITY, TOWN OR LOCATION OF DEATH: Portland
8d. COUNTY OF DEATH: Multnomah
9a. DECEDENT'S USUAL OCCUPATION (Do not use retired): —
9b. KIND OF BUSINESS/INDUSTRY: Portland School District
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced): Married
11. SPOUSE (If Married, or Registered Domestic Partner): Marilou O'Connor
12a. RESIDENCE STATE: Oregon
12b. COUNTY: Multnomah
12c. CITY, TOWN OR LOCATION: Portland
12d. STREET AND NUMBER: 3561 SW Troy #5
12e. INSIDE CITY LIMITS? ☒ Yes ☐ No
12f. ZIP CODE: 97219
13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, or Other Hispanic) ☐ Yes ☐ No
14. RACE (American Indian, Black, White, etc. - Specify): White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Elementary/Secondary (0-12)) (College (1-4 or 5+)): 12
16. FATHER'S NAME (First, Middle, Last): George Robinson
17. MOTHER'S NAME (First, Middle, Maiden): Ione Lyman
18. INFORMANT'S NAME AND MAILING ADDRESS (Street or RFD, City or Town, State, Zip): Marilou Robinson-Wife
19a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Willamette National Cemetery
19c. LOCATION (City or Town, State): Portland, Oregon
20a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ernest H. Schlitt
20b. LICENSE NUMBER (Funeral Service Licensee or Embalmer): 3583
20c. NAME, ADDRESS AND ZIP OF FACILITY: Young's Funeral Home 97223, 11811 SW Pacific Hwy Tigard, Oregon
21. DATE FILED (Month, Day, Year): APR 10 1995
22. DID FUNERAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ Yes ☐ No
23. ANATOMICAL GIFT MADE? ☐ Yes ☐ No ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

24. TIME OF DEATH: 11:00 a.m.
25. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
26. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature]
27. DATE SIGNED (Month, Day, Year): 4-5-95
28. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Type or Print): Daniel Mangum, M.D. 2400 SW Vermont Portland, Oregon 97219
29. NAME OF ATTENDING PHYSICIAN (If other than Certifier) (Type or Print):
30. 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 1
(a) CONGESTIVE Heart Failure
DUE TO, OR AS A CONSEQUENCE OF:
(b) ischemic cardiomyopathy
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART 2
OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not resulting in the underlying cause given in PART 1: chronic obstructive - pulmonary disease
Interval between onset and death: (a) YEARS (b) YEARS (c)
31. WAS CASE REFERRED? ☐ Yes ☐ No
32. WAS AUTOPSY PERFORMED? ☐ Yes ☒ No
33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ Yes ☐ No
34. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Could not be determined ☐ Legal Intervention
35a. DATE OF INJURY (Month, Day, Year)
35b. TIME OF INJURY
35c. INJURY AT WORK? ☐ Yes ☐ No
35d. DESCRIBE HOW INJURY OCCURRED
35e. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))
35f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

37a. TIME OF DEATH
37b. DATE PRONOUNCED DEAD (Month, Day, Year)
38. 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)
39. DATE SIGNED (Month, Day, Year)
40. COUNTY

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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 1 0 1995

EDWARD J. JOHNSON II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE