AFN #2011179424 Recorded 11/07/2011 at 01:05 PM DocType: DEATH Filed by: HASKELL DAVIES & DUNN PC Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

WHEN RECORDED RETURN TO:

Haskell Davies & Dunn, PC
PO Box 417
Hood River, OR 97031

DOCUMENT TITLE(S)

Death Certificate of Delores Dale Esch

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

Delores Dale Esch

GRANTEE(S):

Eugene Esch, spouse

ABBREVIATED LEGAL DESCRIPTION:

TAX PARCEL NUMBER(S):

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK. I.D. TAG NO. 565483

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
136-
STATE FILE NUMBER

CERTIFICATE OF DEATH

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKAs, if any) — First: Delores; Middle: Dale; Last: ESCH; Suffix:
2. Death Date (MON DD YYYY): Nov. 5, 2010
3. Sex (M/F): Female
4a. Age – Last Birthday: 68
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Multnomah
7. Birthdate (MON DD YYYY): Feb. 27, 1942
8a. Birthplace (City/Town, or County): Brawley
8b. (State or Foreign Country): California
9. Decedent's Education:
10. Was Decedent of Hispanic Origin? (Yes or No, if yes, specify.): No
11. Decedent's Race(s): White
12. Was Decedent Ever in U.S. Armed Forces? ☐ Yes ☒ No
13. Residence: Number and Street (e.g., 824 SE 5th Street, Apt. No. 8): 101 Mathaney Rd.
14. City/Town: Carson
15. Residence County: Skamania
16. State or Foreign Country: Washington
17. Zip Code + 4: 98610
18. Inside City Limits? ☐ Yes ☒ No ☐ Unknown
19. Marital Status at Time of Death: Married
20. Spouse's Name (If married or widowed, give name prior to first marriage.): Eugene Edgar Esch
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Business Owner
22. Kind of Business/Industry (DO NOT USE COMPANY NAME.): Office Supplies
23. Father's Name (First, Middle, Last, Suffix): Walter Hubert
24. Mother's Name Prior to First Marriage (First, Middle, Last): Lillie Easling
25. Informant's Name: Gene Esch
26. Telephone Number: 509-427-4647
27. Relation to Decedent: Husband
28. Mailing Address (Number & Street, City/Town, State, Zip + 4): PO Box 544 Carson, WA 98610
29. Place of Death: Inpatient-Hospital
30. Facility Name: Providence Medical Center
31. Location of Death (Give address.): 4805 NE Glisan
32. City/Town or Location of Death: Portland
33. State: OR
34. Zip Code + 4: 97213
35. Method of Disposition: Removal From State
36. Place of Disposition (Name of cemetery, crematory, or other place): Wind River Memorial Cemetery
37. Location: Carson, Washington
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4): Gardner Funeral Home 1270 N. Main Ave/POB 390 White Salmon, WA 98672
39. Date of Disposition (MON DD YYYY): Nov. 11, 2010
40. Funeral Director's Signature:
41. OR License Number: RR64
42. Registrar's Signature:
43. Date Received (MON DD YYYY): NOV 12 2010
44. Local File Number: 04971
45. Record Amendment

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☐ Yes ☒ No
47. Autopsy? ☐ Yes ☒ No
48. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No
49. Time of Death: 1226

CAUSE OF DEATH (See instructions and examples.)

50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Approximate Interval: Onset to Death
Final disease or condition resulting in death →	IMMEDIATE CAUSE ↓ a. Adenocarcinoma Lung	8 months
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	Due to (or as a consequence of) ↓ b.	
	Due to (or as a consequence of) ↓ c.	
	Due to (or as a consequence of) ↓ d.	

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:

52. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
53. If Female: ☒ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days before death
54. Did tobacco use contribute to death? ☒ Yes ☐ Probably ☐ No ☐ Unknown
55. Date of Injury (MON DD YYYY):
56. Time of Injury:
57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
58. Injury at Work? ☐ Yes ☐ No ☐ Unknown
59. Location of Injury (Number & Street, City/Town, State, Zip + 4):
60. Describe how injury occurred:
61. If transportation injury, specify. ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4): F. Joseph Rinella PO Box 1519 White Salmon, WA 98672
63. Name and Title of Attending Physician if Other than Certifier:
64. Title of Certifier: DO
65. License Number: OR 00002120
66. Date Signed (MON DD YYYY): 11-9-2010
67. Medical Certifier – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Frank J. Rinella III
68. Medical Examiner – On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
69. Record Amendment

ORIGINAL - VITAL RECORDS COPY

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

DATE ISSUED: NOV 17 2010

Lila Wickham RN MS
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

American Banknote Company