

AFTER RECORDING MAIL TO:

Jeffrey Baker
Annala, Carey, Baker, Thompson & VanKoten, P.C.
P.O. Box 325
Hood River, OR 97031

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

CERTIFICATE OF DEATH

Reference Number(s) of Documents Assigned or Released:

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

CAMPBELL, DONALD KAY JR.

REAL ESTATE EXCISE TAX

N/A

JAN - 5 2012

PAID

See excess #29370 DTD 01-05-2012
Vickie Chellars, Deane
SKAMANIA COUNTY TREASURER

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

THE PUBLIC

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

136-

BLACK INK

I.D. TAG NO. **H95318**

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. Legal Name (First, Middle, Last, Suffix) Donald Kay Campbell Jr.					2. Death Date (MON DD YYYY) May 5, 2011	
3. Sex (M/F) M	4a. Age - Last Birthday 81	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number [REDACTED]	6. County of Death Clackamas	
7. Birthdate (MON DD YYYY) July 11, 1929		8a. Birthplace (City/Town, or County) Cleveland		8b. (State or Foreign Country) Ohio		9. Decedent's Education Associate Degree
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13. Residence - Number and Street (e.g., 824 SE 5th Street, Apt. No. 8) 12900 NE 38th Street				14. City/Town Vancouver		
15. Residence County Clark		16. State or Foreign Country Washington		17. Zip Code + 4 98682		18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. Marital Status at Time of Death Married		20. Spouse's Name (If married or widowed, give name prior to first marriage.) Thomasina Helen Mayten				
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Captain				22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Fire Department		
23. Father's Name (First, Middle, Last, Suffix) Donald Kay Campbell Sr.				24. Mother's Name Prior to First Marriage (First, Middle, Last) Thelma U. Forrester		
25. Informant's Name Thomasina M. Campbell		26. Telephone Number Unknown		27. Relation to Decedent Wife		
28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 12900 NE 38th Street Vancouver, Wa 98682						
29. Place of Death Hospital-Inpatient		30. Facility Name Sunnyside Kaiser Medical Center				
31. Location of Death (Give address.) 9800 SE Sunnyside Road		32. City/Town or Location of Death Clackamas		33. State OR		34. Zip Code + 4 97015
35. Method of Disposition Removal From State		36. Place of Disposition (Name of cemetery, crematory, or other place) Evergreen Memorial Gardens				
37. Location Vancouver, Washington						
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Evergreen Staples Funeral Chapel 3414 52nd St. # 101 Vancouver, Wa 98661						
39. Date of Disposition (MON DD YYYY) May 5, 2011		40. Funeral Director's Signature <i>[Signature]</i>		41. OR License Number C03772		
42. Registrar's Signature <i>[Signature]</i>		43. Date Received (MON DD YYYY) MAY 26 2011		44. Local File Number 00914		
45. Record Amendment						
46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 0015
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.						
Final disease or condition resulting in death -> 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).		IMMEDIATE CAUSE -> a. Unknown - found deceased without complaint of shortness of breath or likely MI? b. Coronary Artery Disease c. VS PE? d.				Approximate Interval: Onset to Death
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Vascular dementia, the fracture in L4-L5						
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
55. Date of Injury (MON DD YYYY) 5/2/2011		56. Time of Injury AM		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Pharmacy		58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
59. Location of Injury (Number & Street, City/Town, State, Zip + 4) Pharmacy (don't know where) / Possibly Kaiser CPK						
60. Describe how injury occurred: Sitting at pharmacy, tried to stand up, fell forward		61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Other (Specify) MI				
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Sarah York 10180 S.E. Sunnyside Road Clackamas, Oregon 97015						
63. Name and Title of Attending Physician (If Other than Certifier)						
64. Title of Certifier M.D.		65. License Number MD 27382		66. Date Signed (MON DD YYYY) 5/9/11		
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. <i>[Signature]</i>						
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 Case referred to Medical Examiner was marked No corr. by certifying physician signed Aff. May-26-2011 M. Franc, Co. Reg., gg						

ORIGINAL - VITAL RECORDS COPY

45-2 (06/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

MAY 26 2011

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

