

AFTER RECORDING RETURN TO:

Name: Wyers|Wyers, Attorneys
Address: P. O. Box 421
City/State: Bingen, WA 98605-0421

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

1. Certificate of Death

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

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

1. Rutherford, Thomas Raymond

☐ Additional names on page _____ of document

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

1. The Public

☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/
quarter/quarter)

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel/Account Number(s):

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

750330
I.D. TAG NO.136-2016-007525
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Thomas	Middle Raymond	Last Rutherford	Suffix	Death Date March 26, 2016	
	Sex Male	Age 72 years	Social Security Number		County of Death Multnomah			
	Birthdate April 24, 1943	Birthplace Haver, Montana		Was Decedent Ever in U.S. Armed Forces? No				
	Residence 322 Hale Road				City/Town Underwood			
	Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98651		Inside City Limits? No	
	Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Carolgene Verna Bauman					
	Father's Name Thomas Alexander Rutherford			Mother's Name Prior to First Marriage Geraldine Donna Winterrowd				
	Informant's Name Carol Rutherford		Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 322 Hale Road, Underwood, WA 98651			
	Place of Death Hospital-Inpatient		Facility Name Legacy Emanuel Medical Center					
	Location of Death 2801 N Gantenbein		City/Town or Location of Death Portland		State Oregon		Zip Code + 4 97227	
	Method of Disposition Removal From State		Place of Disposition Columbia River Crematory		Location (City/Town and State) White Salmon, Washington			
	Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672							
	Date of Disposition March 28, 2016		Funeral Director's Signature Derek F. Krentz		Electronically Signed	OR License Number CO-3892		
	Registrar's Signature Jennifer A. Woodward		Date Received March 30, 2016		Local File Number			
	Amendment							
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		Yes	Autopsy?		No	Time of Death 0753	
	CAUSE OF DEATH						Approximate Interval: Onset to Death	
	IMMEDIATE CAUSE a. BLUNT FORCE HEAD INJURY WITH SKULL FRACTURE						Not Stated	
	Due to (or as a consequence of) ↓ b.							
	Due to (or as a consequence of) ↓ c.							
	Due to (or as a consequence of) ↓ d.							
	Other significant conditions contributing to death CORONARY ARTERY DISEASE, HYPERTENSION, ANTICOAGULATION THERAPY (PLAVIX)							
	Manner of Death Accident		If Female Not Applicable		Did tobacco use contribute to death? No			
	Date of Injury March 24, 2016		Time of Injury Unknown		Place of Injury Other - Parking Lot		Injury at Work? Yes	
	Location of Injury 50152 Washington State Route 14, Stevenson, Washington 98648							
	Describe how injury occurred Fell from the back of a delivery truck						If transportation injury, specify.	
	Name and Address of Certifier Christopher Ray Young 13309 SE 84th Avenue 100, Clackamas, Oregon 97015							
	Name and Title of Attending Physician if Other than Certifier						Date Signed March 29, 2016	
	Medical Certifier Christopher Ray Young		Electronically Signed		Title of Certifier M.D., M.E.		License Number MD24913	
	Amendment							



20160403070

45-2CC (01/06)

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.

DATE ISSUED: April 04, 2016

Jennifer A. Woodward
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS

