

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. Cunningham, Robert Oakley

☐ 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

750356

(I.D. TAG NO.)

STATE FILE NUMBER

August 09, 2016

4618105

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name First: Robert Middle: Oakley Last: Cunningham Suffix:		2. Death Date August 09, 2016	
3. Sex Male	4. Age 86 years	5. Social Security Number	
7. Birthdate September 29, 1929	8. Birthplace Langley, Kansas		6. County of Death Multnomah
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 1121 NE 84th Avenue		14. City/Town Portland	
15. Residence County Multnomah	16. State or Foreign Country Oregon	17. Zip Code + 4 97220	18. Inside City Limits? Yes
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Mary Ann Wires	
21. Usual Occupation Civil Engineer		22. Kind of Business/Industry State Government	
23. Father's Name Fritz Cunningham		24. Mother's Name Prior to First Marriage Zona Williams	
25. Informant's Name Mary Ann Cunningham		26. Telephone Number Not Available	27. Relationship to Decedent Spouse
29. Place of Death Licensed Assisted Living Facility		30. Facility Name Brookdale Assisted Living	
31. Location of Death 1201 SW Cherry Park Road		32. City/Town or Location of Death Troutdale	33. State Oregon
35. Method of Disposition Removal From State		36. Place of Disposition Columbia River Crematory	
38. Name and Complete Address of Funeral Facility Gardner Funeral Home		37. Location White Salmon, Washington	
39. Date of Disposition August 10, 2016		40. Funeral Director's Signature Derek F. Krentz	
42. Registrar's Signature		43. Date Received AUG 31 2016	44. Local File Number 04125
45. Amendment			

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" 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 1840	
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 →		IMMEDIATE CAUSE ↓ a. Vascular dementia				Approximate Interval: Onset to Death:	
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of) ↓ b. atherosclerotic cerebrovascular disease				Years	
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓ c. hypertension				Years	
		Due to (or as a consequence of) ↓ d.				Years	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: None							
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
55. Date of Injury (month/year)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)							
60. Describe how injury occurred						61. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Ran Huo 2701 NW Vaughn St., Ste. 140 Portland, OR 97210							
63. Name and Title of Attending Physician [Other than Certifier]							
64. Title of Certifier Physician		65. License Number MD 178417		66. Date Signed (month/year) 08/22/2016			
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.				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. Amendment							

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:

AUG 31 2016

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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



Unofficial
Copy



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