AFN #2018001900 Recorded Sep 17, 2018 11:41 AM DocType: DEATH Filed by: Wyers/Wyers Page: 1 of 3 File Fee: $39.00 Auditor Robert J. Waymire Skamania County, WA

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, Mary Ann

☐ 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):

Unofficial Copy

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

810826
I.D. TAG NO.

STATE FILE NUMBER

7033231

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name: First: Mary; Middle: Ann; Last: Cunningham; Suffix:
2. Death Date: June 24, 2018
3. Sex: Female
4. Age: 87 years
5. Social Security Number: [redacted]
6. County of Death: Multnomah
7. Birthdate: August 19, 1930
8. Birthplace: Carneiro, Kansas
9. Decedent's Education: Some college
10. Was Decedent of Hispanic Origin?: No
11. Decedent's Race(s): White
12. Was Decedent Ever in U.S. Armed Forces?: No
13. Residence: Number and Street: 82 Wilkinson Road
14. City/Town: Carson
15. Residence County: Skamania
16. State or Foreign Country: Washington
17. Zip Code + 4: 98610
18. Inside City Limits?: No
19. Marital Status at Time of Death: Widowed
20. Spouse's Name Prior to First Marriage: Robert Oakley Cunningham
21. Usual Occupation: Shop Owner
22. Kind of Business/Industry: Quilting
23. Father's Name: Theodore Roosevelt Wires
24. Mother's Name Prior to First Marriage: Ethel Katherine Smith
25. Informant's Name: Cathy Stermer
26. Telephone Number: Not Available
27. Relationship to Decedent: Daughter
28. Mailing Address: 1121 NE 84 Avenue, Portland, OR 97220
29. Place of Death: Nursing Facility
30. Facility Name: Laurelhurst Village Rehabilitation Center
31. Location of Death: 3060 SE Stark St
32. City/Town or Location of Death: Portland
33. State: Oregon
34. Zip Code + 4: 97214
35. Method of Disposition: Removal From State
36. Place of Disposition: Columbia River Crematory
37. Location: White Salmon, Washington
38. Name and Complete Address of Funeral Facility: Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672
39. Date of Disposition: June 24, 2018
40. Funeral Director's Signature: Derek F. Krentz (Electronically Signed)
41. OR License Number: CO-3892
42. Registrar's Signature: Deborah Taylor
43. Date Received: AUG 10 2018
44. Local File Number: 03822
45. 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: 2130

CAUSE OF DEATH

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. Acute respiratory failure	4 days
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. Acute systolic heart failure	30 days
	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 or RFD No., 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 or RFD No., City/Town, State, Zip + 4)
63. Name and Title of Attending Physician if Other than Certifier: Preston Peterson MD 2701 NW Vaughn St Suite 160 Portland OR 97210
64. Title of Certifier: Physician
65. License Number: MD25733
66. Date Signed (MON DD YYYY): 08/08/2018
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

45-2DP (01/06)

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

DATE ISSUED: AUG 10 2018

Jennifer A. Woodward
JENNIFER A. WOODWARD, PH.D.
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Unofficial Copy

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