



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. Teel, Walter Ray

☐ 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

810750

I.D. TAG NO.

STATE FILE NUMBER

May 27, 2019

1. Legal Name: First: Walter Middle: Ray Last: Teel Suffix:		2. Death Date: May 27, 2019	
3. Sex: Male	4. Age: 80 years	5. Social Security Number: [REDACTED]	6. County of Death: Hood River
7. Birthdate: November 21, 1938	8. Birthplace: Kelso, Washington	9. Decedent's Education: 9th - 12th grade	
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: 251 Vinemapple Loop		14. City/Town: Carson	
15. Residence County: Skamania	16. State or Foreign Country: Washington	17. Zip Code + 4: 98610	18. Inside City Limits? Yes
19. Marital Status at Time of Death: Widowed		20. Spouse's Name Prior to First Marriage: Ida Burris	
21. Usual Occupation: Laborer		22. Kind of Business/Industry: Saw Mill	
23. Father's Name: Max Teel		24. Mother's Name Prior to First Marriage: Sadie Todd	
25. Informant's Name: Virginia Teel		26. Telephone Number: Not Available	27. Relationship to Decedent: Granddaughter
28. Place of Death: Hospital-Inpatient		29. Facility Name: Providence Hood River Memorial Hospital	
30. Location of Death: 811 13th Street		31. City/Town or Location of Death: Hood River	32. State: Oregon
33. Method of Disposition: Removal From State		34. Place of Disposition: Columbia River Crematory	35. Location: White Salmon, Washington
36. Name and Complete Address of Funeral Facility: Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672			
37. Date of Disposition: TBD		38. Funeral Director's Signature: Victoria R. Lara	39. OR License Number: CO-3930
40. Registrar's Signature: [Signature]		41. Date Recd: MAY 30 2019	42. Local File Number: 071-2019
43. Amendment:			
44. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
45. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
46. Were autopsy findings available to complete the cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
47. Time of Death: 2:00			
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: <u>multifactorial failure</u>			Days
Sequently list conditions, if any, leading to the cause listed on line 50: <u>sepsis</u>			Days
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death): <u>Recurrent small bowel obstruction</u>			Days
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>Had Significant Abdominal adhesions due to radiation therapy to Abd in past</u>			
52. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined		53. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 42 days to 1 year before 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		55. Date of Injury (month day 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 of 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 of RFD No., City/Town, State, Zip + 4): <u>Ryan M. Kany, MD, 810 12th St. Hood River OR 97031</u>			
63. Name and Title of Attending Physician (if Other than Certifier):			
64. Title of Certifier: <u>Attending Physician</u>		65. License Number: <u>MD 175853</u>	66. Date Signed (month day year): <u>5/29/2019</u>
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:

MAY 30 2019

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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