

CERTIFICATION OF VITAL RECORD

082783
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH

State File Number

Local File Number

	1. DECEDENT'S NAME First: Helen Middle: Christine Last: HEATH			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) June 11, 1991
	4. SOCIAL SECURITY NUMBER 542-36-7393	5a. AGE-Last Birthday (Years) 79	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Milton, North Dakota
	7. DATE OF BIRTH (Month, Day, Year) May 6, 1912				
DECEASED	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	9a. PLACE OF DEATH (Check only one) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
1	9b. FACILITY NAME (If not institution, give street and number) Glisan Care Center			9c. CITY, TOWN, OR LOCATION OF DEATH Portland	
				9d. COUNTY OF DEATH Multnomah	
2	10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner/manager		10b. KIND OF BUSINESS/INDUSTRY Beauty Shops		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
3	12. SPOUSE (If Married, Widowed) Melvin L.				
4	13a. RESIDENCE - STATE Oregon	13b. COUNTY Multnomah	13c. CITY, TOWN OR LOCATION Portland		13d. STREET AND NUMBER 7043 NE Sumner St.
5	13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97218	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White
6	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 2				
PARENTS	17. FATHER - NAME first middle last Hans Berg			18. MOTHER - NAME first middle maiden Emelia Johnson	
	19. INFORMANT - NAME and relationship to deceased Melvin L. Heath, spouse				
DISPOSITION	20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Rose City Mausoleum		20c. LOCATION - City or Town, State Portland, Oregon
	7	21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>John A. Hustad</i>		21b. LICENSE NUMBER (Of Licensee) 0262	22. NAME, ADDRESS AND ZIP OF FACILITY HUSTAD FUNERAL HOME 7232 N. RICHMOND, PORTLAND, OR 97203
8	23. DATE FILED (Month, Day, Year) JUN 14 1991		24. REGISTRAR'S SIGNATURE <i>Arthur W. Bloom</i>		
9	25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				
CERTIFIER	27. TIME OF DEATH 1:15 A M			28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Steven M. Hoff</i>			32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
10	30. DATE SIGNED (Month, Day, Year) 6/12/91			33. DATE SIGNED (Month, Day, Year) COUNTY	
11	34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Steven M. Hoff MD 511 SW 10th Portland OR 97205				
12	35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
CAUSE OF DEATH	36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)				Interval between onset and death
	PART I (a) Advanced breast cancer DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
	(b)				Interval between onset and death
	(c)				Interval between onset and death
15	PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16	39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
17	40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
	41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		
	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

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JUN 17 1991

DATE ISSUED _____

Arthur W. Bloom
ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

