

CERTIFICATION OF VITAL RECORD

187517
I.D. TAG NO.

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

Local File Number

State File Number

1. DECEDENT'S NAME First: Melvin Middle: Leonard Last: HEATH			2. SEX M	3. DATE OF DEATH (Month, Day, Year) May 5, 1995	
4. SOCIAL SECURITY NUMBER 540-05-8161	5a. AGE-Last Birthday (Years) 83	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Round Lake, MN	7. DATE OF BIRTH (Month, Day, Year) November 18, 1911
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) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Fairlawn Care Center		9c. CITY, TOWN, OR LOCATION OF DEATH Gresham		9d. COUNTY OF DEATH Multnomah	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Salvage Clerk	10b. KIND OF BUSINESS/INDUSTRY Union Pacific Railroad		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	12. SPOUSE (If Married, Widowed) Helen	
13a. RESIDENCE - STATE Oregon	13b. COUNTY Multnomah	13c. CITY, TOWN OR LOCATION Portland	13d. STREET AND NUMBER 6819 NE Sandy Blvd. Apt. #401		
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97213	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		15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)
17. FATHER - NAME first middle last Robert Heath		18. MOTHER - NAME first middle maiden Amanda Johnson		19. INFORMANT - NAME and relationship to deceased Curtis Heath - Son	
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 Cemetery		20c. LOCATION - City or Town, State Portland, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3198	22. NAME, ADDRESS AND ZIP OF FACILITY HUSTAD FUNERAL HOME 97203 7232 N. Richmond Ave. Portland, OR		
23. DATE FILED (Month, Day, Year) MAY 15 1995		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 4:45 P 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>[Signature]</i>					
30. DATE SIGNED (Month, Day, Year) 5/15/95					
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Steven Hof MD 511 SW 10th Ave. Suite #1014 Portland, OR 97205					
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M			
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)					
33. DATE SIGNED (Month, Day, Year) COUNTY					
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.)					
PART I (a) Congestive Heart Failure			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b)			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(c)			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
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 <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	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)	
RESERVED FOR REGISTRAR'S USE					

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45-2 Rev 12/94

DATE ISSUED:

MAY 15 1995

[Signature]
GARY L. OXMAN, M.D.
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

