

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK

304986 I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

State File Number

850-00-241

01507 Local File Number

Form with sections: DECEDENT (1-6), PARENTS (7-9), DISPOSITION (10-12), REGISTRAR (13-15), TO BE COMPLETED BY CERTIFYING PHYSICIAN (16-18), CAUSE OF DEATH (19-21), and MANNER OF DEATH (22-24). Includes fields for name, age, sex, date of death, residence, and medical details.

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev (3/00)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR.

DATE ISSUED:

AUG 30 2000

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Signature: Marina T. Stansell, MARINA T. STANSELL COUNTY REGISTRAR CLACKAMAS COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE