ID TAG NO.
0411
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

Vol 788 Page

8704252

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED — NAME: First: Opal; Middle: Ida; Last: STEWART
2. DATE OF DEATH (month, day, year): April 12, 1987
3. RACE White, Black, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE — Last birthday (years): 62
5b. Under 1 year: mos / days
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): December 2, 1924
7a. CITY, TOWN OR LOCATION OF DEATH: Beaverton
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Rt. 1 Box 495
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): —
7d. COUNTY OF DEATH: Washington
8. STATE OF BIRTH (If not in U.S.A. name country): Idaho
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (If married, widowed): Robert P.
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13. SOCIAL SECURITY NUMBER: 519-22-8329
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assembler - Retired
14b. KIND OF BUSINESS OR INDUSTRY: Aerospace
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Washington
15c. CITY, TOWN OR LOCATION: Beaverton
15d. STREET AND NUMBER OR R.F.D.: Rt. 1 Box 495
ZIP: 97007
15e. Inside City Limits (specify yes or no): No
16. FATHER — NAME first, middle, last: Archie A. Lish
17. MOTHER — first, middle, last (Maiden Name): Ida May Rommreal
18. INFORMANT — NAME and relationship to deceased: Robert P. Stewart - Husband

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Removal/Burial
19b. CEMETERY OR CREMATORY — NAME: Norton Cemetery
19c. LOCATION city or town, state: McCammon, Idaho
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]
20b. NAME AND ADDRESS OF FACILITY: Fuiten Mortuary 4855 SW Watson Beaverton, Oregon 97005

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a. (Signature): Robert Bigley
21b. DATE SIGNED (Mo., Day, Year): 4/14/87
21c. HOUR OF DEATH: 2:15 A. M
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Robert Bigley, MD 3181 SW Sam Jackson Park Rd. Portland, Oregon ZIP 97201
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): ROBERT GOLDMAN MD PORTLAND 97201
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): APR 16 1987
22b. REGISTRAR (Signature): Jimmie [signature]

CAUSE OF DEATH

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

23. PART I (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
(a) IMMEDIATE CAUSE: inanition — Interval between onset and death: 48 hrs.
(b) DUE TO, OR AS A CONSEQUENCE OF: colon carcinoma, metastatic — Interval between onset and death: 2½ yrs
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

PART II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a).

24. AUTOPSY (Specify Yes or No): No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes
26a. ACCIDENT (Specify Yes or No): No
26b. DATE OF INJURY (Mo., Day, Year):
26c. HOUR OF INJURY: M
26d. DESCRIBE HOW INJURY OCCURRED:
26e. INJURY AT WORK (Specify Yes or No): No
26f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify):
26g. LOCATION: STREET OR R.F.D. NO. / CITY OR TOWN / STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☒ WAS GIFT MADE? YES ☐ NO ☐ N/A ☒

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev. 9-86

STATE OF OREGON, COUNTY OF WASHINGTON)ss

DATE ISSUED
APR 21 1987

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS RECORDED IN THE VITAL STATISTICS SECTION OF THE WASHINGTON COUNTY DEPARTMENT OF PUBLIC HEALTH AND ON PERMANENT FILE WITH THE OREGON STATE HEALTH DIVISION.

REGISTRAR
[signature]

NOT VALID WITHOUT RAISED SEAL OF DEPARTMENT OF PUBLIC HEALTH, WASHINGTON

STATE OF OREGON

'88 SEP 8 AM 11 58

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON, COUNTY OF WASHINGTON)ss

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REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF DEPARTMENT OF PUBLIC HEALTH, WASHINGTON COUNTY

STATE OF OREGON
County of Washington } SS

I, Donald W. Mason, Director of Assessment and Taxation and Ex-Officio Recorder of Conveyances for said county, do hereby certify that the within instrument of writing was received and recorded in book of records of said county.

Donald W. Mason, Director of Assessment and Taxation, Ex-Officio County Clerk

1987 AUG 19 PM 2:42

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Robert P. Stewart

on this 8th day of Sept. A.D., 19 88

at 11:58 o'clock A.M. and duly recorded

in Vol. M88 of Deeds Page 14642

Evelyn Biehn County Clerk

By Darlene Mulendore

Fee, $8.00 Deputy.

Return: Robert P. Stewart
Rt. 1, Box 495
Beaverton, Or. 97997