CERTIFICATION OF VITAL RECORD

STATE OF OREGON — REGISTRATION UNIT

I.D. TAG NO. 01755 — Local File Number

Vital Records Unit

CERTIFICATE OF DEATH

136- — State File Number

DECEDENT

1 DECEDENT'S NAME: First: Carolyn; Middle: Elmira; Last: ROLEY

2 SEX: Female

3 DATE OF DEATH (Month, Day, Year): December 10, 1989

4 SOCIAL SECURITY NUMBER: 542-30-0263

5a AGE - Last Birthday (Years): 60

5b Under 1 Year: Months / Days

5c Under 1 Day: Hours / Minutes

6 BIRTHPLACE (City and State or Foreign Country): Oregon City, Oregon

7 DATE OF BIRTH (Month, Day, Year): Feb. 21, 1929

8a PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9b FACILITY NAME (If not institution, give street and number): 27473 S. Gard Road

9c CITY, TOWN, OR LOCATION OF DEATH: Mulino

9d COUNTY OF DEATH: Clackamas

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Seamstress

10b KIND OF BUSINESS/INDUSTRY: Retail Store

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widowed): Ernest

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Clackamas

13c. CITY, TOWN, OR LOCATION: Mulino

13d. STREET AND NUMBER: 27473 S. Gard Road

13e. INSIDE CITY LIMITS? ☐ Yes ☒ No

13f. ZIP CODE: 97042

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:

15. RACE American Indian, Black, White, etc. (Specify): White

16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 2; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Benjamin Samuel Elmer

18. MOTHER - NAME first middle maiden: Cora Connie Ellingson

19. INFORMANT - NAME and relationship to deceased: Ernest Rolev - HUSBAND

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Clarkes Cemetery

20c. LOCATION - City or Town, State: Clarkes, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH:

21b. LICENSE NUMBER (Of Licensee): 48-8068

22. NAME, ADDRESS AND ZIP OF FACILITY: HILLSIDE CHAPEL INC. 1306 7th Street Oregon City, Oregon 97045

23. DATE FILED (Month, Day, Year): DEC 11 1989

24. REGISTRAR'S SIGNATURE:

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

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 12:06 P. M

28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No

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

Attested

30. DATE SIGNED (Month, Day, Year): 12/11/89

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)

COUNTY

33. DATE SIGNED (Month, Day, Year)

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

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) METASTATIC COLON CANCER — Interval between onset and death: ~ 1 yr.

DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death

PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I

37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk

38. AUTOPSY ☐ Yes ☒ No

39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☒ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention

41a. DATE OF INJURY (Month, Day, Year)

41b. TIME OF INJURY: M

41c. INJURY AT WORK? ☐ Yes ☐ 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

89 56252

45-2 REV. 1-89

RETURN TO:
ERNEST L ROLEY
27473 S GARD ROAD
MULINO OR97042

'90 JUN 8 AM 9 56

ORIGINAL - VITAL STATISTICS COPY

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

DEC 11 1989

DATE ISSUED

THOMAS M. TROXEL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

STATE OF OREGON
County of Clackamas) ss

I, John F. Kauffman, County Clerk for the County of Clackamas, do hereby certify that the instrument of writing was received for recording in the records of said county at

1989 DEC 18 PM 1:03

and duly recorded in Book M89 Page 56252

Witness my hand and seal affixed

John F. Kauffman
JOHN F. KAUFFMAN
County Clerk

Recording Certificate
COP-84 (Rev. 12-86)

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Klamath County Title Co.

on this 8th day of June A.D., 1990

at 9:56 o'clock A.M. and duly recorded

in Vol. M90 of Deeds Page 11083.

Evelyn Biehn County Clerk

By Darlene Winebrake Deputy.

Fee, $8.00