16945 '90 JUN 29 PM 2 54 Vol. M90 Page 12855

CERTIFICATION OF VITAL RECORD

MTC 1398-22

34790 L.D. TRG NO.

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
136-

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Rhoda L HARNDEN
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): April 20, 1988
4. SOCIAL SECURITY NUMBER: 541-36-9331
5a. AGE - Last Birthday (Years): 80
5b. UNDER 1 YEAR (Mos. / Days): 5c. UNDER 1 DAY (Hours / Mins.):
6. BIRTHPLACE (City and State or Foreign Country): Pocatello, Idaho
7. DATE OF BIRTH (Month, Day, Year): June 24, 1907
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Decedent's Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1300 N.E. 16th Holliday Park Plaza
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Elmer M. Harnden
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Multnomah
13c. CITY, TOWN, OR LOCATION: Portland
13d. STREET AND NUMBER: 1600 N.E. 16th St.
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97232
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): 4; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Lewis D. Shellenberger
18. MOTHER - NAME first middle maiden: Arley K. Weatherman
19. INFORMANT - NAME and relationship to deceased: Julie H. Evans, Daughter

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Riverview Abbey Mausoleum
20c. LOCATION - City or Town, State: Portland, Oregon 97219
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Charles W. Hall
21b. LICENSE NUMBER (Of Licensee): 3159
22. NAME, ADDRESS AND ZIP OF FACILITY: Riverview Abbey Funeral Home, 0319 S.W. Taylors Ferry Road, Portland, Oregon 97219

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
23. TIME OF DEATH: 2:07 AM
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
25. To the best of my knowledge death occurred at the time, date, place and due to the cause(s) stated. (Signature): John J. Garvie M.D.
26. DATE SIGNED (Month, Day, Year): 04-26-88

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
27a. TIME OF DEATH
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29. DATE SIGNED (Month, Day, Year) COUNTY

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): JOHN J. GARVIE MD 505 NE 87th AVE #200 VANC., WA. 98664
31. 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 →

32. 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) PANCREATIC CARCINOMA — Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(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 1 (a)
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY
36c. INJURY AT WORK? ☐ Yes ☐ No
36d. DESCRIBE HOW INJURY OCCURRED
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRAR

37. REGISTRAR'S SIGNATURE: Arthur W. Bloom
38. DATE FILED (Month, Day, Year): MAY 02 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A
40. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A
RESERVED FOR REGISTRAR'S USE

RETURN TO:
BRADLEY ASPELL
122 NORTH FIFTH ST.
KLAMATH FALLS, OR
97601

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

DATE ISSUED MAY 02 1988

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 29th day of June A.D., 19 90 at 2:54 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 12855.

FEE $8.00

Evelyn Biehn - County Clerk
By Pauline Mullendore