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

Vol. M87 Page 18816

CERTIFICATE OF DEATH

24087

Local File Number

State File Number

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

DECEDENT

1. DECEASED — NAME: First: Arthur; Middle: Franklin; Last: TRNKA
2. DATE OF DEATH (month, day, year): July 12, 1987
3. RACE (White, Black, American Indian, etc. (specify)): white
4. SEX: male
5a. AGE — Last birthday (years): 66
5b. If Under 1 year: mos. / days.
5c. If Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): March 8, 1921
7a. CITY, TOWN OR LOCATION OF DEATH: Portland
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Providence Hospital
7c. IF HOSPITAL OR INSTITUTION — Indicate DOA, OP (Emergency Room or Outpatient), or IP (Inpatient) (specify): inpatient
7d. COUNTY OF DEATH: Multnomah
8. STATE OF BIRTH (If not in U.S.A., name country): Ohio
9. CITIZEN OF WHAT COUNTRY: United States
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Emilie
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): yes
13. SOCIAL SECURITY NUMBER: 295-01-9750
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Career Military 7/05-74
14b. KIND OF BUSINESS OR INDUSTRY: Uinted States Air Force
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Multnomah
15c. CITY, TOWN OR LOCATION: Portland
15d. STREET AND NUMBER OR R.F.D.: 3004 S.E. 78th
ZIP: 97206
Inside City Limits (specify yes or no): yes
15e. 7.01
16. FATHER — NAME (first, middle, last): Arthur Trnka
17. MOTHER — NAME (first, middle, last, (Maiden Name)): Agnes Young
18. INFORMANT — NAME and relationship to deceased: James Trnka-Son

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): cremation
19b. CEMETERY OR CREMATORY — NAME: Pioneer Crematorium
19c. LOCATION (city or town, state): Portland, Oregon
20a. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature):
20b. NAME AND ADDRESS OF FACILITY: Portland Funeral Alternatives, 529 N.E. Couch, Portland, OR 97232
604

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): James A. Mack MD
21b. DATE SIGNED (Mo., Day, Year): July 15, 1987
21c. HOUR OF DEATH: 2:55 PM
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): James A. Mack, MD medical intern 4805 N.E. Glisan, Portland OR ZIP 97213
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Dr. Richard Wernick
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): JUL 16 1987
22b. REGISTRAR (Signature): Arthur W. Bloom

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

CAUSE OF DEATH

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
PART I
(a) Pulmonary Embolus — Interval between onset and death: 20 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Chronic Obstructive states — Interval between onset and death: 3 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(c) COPD exacerbation — Interval between onset and death: 3 weeks
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a).
Pneumonia, COPD, congestive heart failure
24. AUTOPSY (Specify Yes or No): YES
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): NO
26a. ACCIDENT (Specify Yes or No): NO
26b. DATE OF INJURY (Mo., Day, Year)
26c. HOUR OF INJURY
26d. DESCRIBE HOW INJURY OCCURRED
26e. INJURY AT WORK (Specify Yes or 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

STATE OF OREGON
COUNTY OF MULTNOMAH

ORIGINAL - VITAL STATISTICS COPY

Date JUL 17 1987

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

SEAL

Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

Return to: ATE

CS-82/615

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Company
of October A.D., 19 87 at 10:17 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 18816. the 19th day

FEE $5.00

Evelyn Biehn County Clerk
By

After recording return to: James R. Trnka, 4422 SE 57th, Portland, OR 97206

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co.
of Dec. A.D., 19 90 at 4:19 o'clock P M., and duly recorded in Vol. M90 of Deeds on Page 24085. the 4th day

FEE $18.00

Evelyn Biehn County Clerk
By