

CERTIFICATION OF VITAL RECORD

90-47420
Washington County

E-4617

I.D. TAG NO.

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136-

State File Number

1 DECEASED'S NAME First Middle Last
Glen Wesley CRITCHFIELD

2 SEX Male

3 DATE OF DEATH (Month, Day, Year)
December 28, 1989

4 SOCIAL SECURITY NUMBER 543-12-8243

5a AGE - Last Birthday 77

5b Under 1 Year
Mos. Days Hours Mins.

5c Under 1 Day

6 BIRTHPLACE (City and State or Foreign Country)
Sarduck, Washington

7 DATE OF BIRTH (Month, Day, Year)
February 11, 1918

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

9 HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

10a FACILITY NAME (If not institution, give street and number)
9325 S.W. 313th Avenue

10b CITY, TOWN, OR LOCATION OF DEATH
Cornelius

10c COUNTY OF DEATH
Washington

11 DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)
Auto Body Repairman

12 KIND OF BUSINESS/INDUSTRY
Auto Repairs

13 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)
Married

14 SPOUSE (If Married, Widowed)
Frona Critchfield

15 RESIDENCE - STATE
Oregon

16 COUNTY
Washington

17 CITY, TOWN, OR LOCATION
Cornelius

18 STREET AND NUMBER
9325 SW 313th Avenue

19 INSIDE CITY LIMITS?
☐ Yes ☒ No

20 ZIP CODE
97113

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

22 RACE American Indian, Black, White, etc. (Specify)
White

23 DECEASED'S EDUCATION (Specify only highest grade completed)
Elementary/Secondary (0-12) ☐ College (1-4 or 5+)
9

24 FATHER - NAME first middle last
Meryl Critchfield

25 MOTHER - NAME first middle maiden
Anna Mapes

26 INFORMANT - NAME and relationship to deceased
Frona Critchfield, Wife

27a METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

27b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
Oregon Health Sciences Univ.

28 LOCATION - City or Town, State
Portland, Oregon

29a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
Samuel B. Bruner

29b LICENSE NUMBER (Of Licensee)
1170

29c NAME, ADDRESS AND ZIP OF FACILITY
Bronleewe-Bass Funeral Home
PO Box 1396 (1070 W. Main), Hillsboro, OR 97123

30 DATE FILED (Month, Day, Year)
JAN 2 1990

31 REGISTRAR'S SIGNATURE
Jimmie E. Bennett

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

33 WAS GIFT MADE?
☐ YES ☒ NO ☐ N/A

34 TO BE COMPLETED BY CERTIFYING PHYSICIAN

35 TIME OF DEATH
M ☐ YES ☒ NO

36 TO BE COMPLETED ONLY BY MEDICAL EXAMINER

37a TIME OF DEATH
7:32 P M

37b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
December 28, 1989 7:32 P M

38 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.

39 DATE SIGNED (Month, Day, Year)
December 29, 1989

40 COUNTY
STATE OF OREGON

41 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Karen Gunson, M.D., Deputy State Medical Examiner, 301 NE Knott St., Portland, OR 97212

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

43 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.)

44 (a) GUNSHOT WOUND OF HEAD
DUE TO, OR AS A CONSEQUENCE OF:

45 (b) DUE TO, OR AS A CONSEQUENCE OF:

46 (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1.

47 MANNER OF DEATH
☐ Natural ☐ Pending Investigation ☐ Undetermined Manner ☒ Suicide ☐ Homicide ☐ Legal Intervention

48a DATE OF INJURY (Month, Day, Year)
December 28, 1989

48b TIME OF INJURY
7:20 P M

48c INJURY AT WORK?
☐ Yes ☒ No

48d PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
home

49a DESCRIBE HOW INJURY OCCURRED
Shot self with .22 caliber handgun

49b LOCATION (Street and Number or Rural Route Number, City or Town, State)
9325 SW 313th Ave., Cornelius, Oregon

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

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

DATE ISSUED JAN 0 2 1990

COUNTY REGISTRAR
WASHINGTON COUNTY, OREGONSTATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

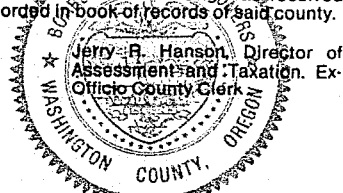
Aspen Title Co.

on this 3rd day of Jan. A.D., 19 91
at 3:38 o'clock P M. and duly recorded
in Vol. M91 of Deeds Page 120
Evelyn Biehn County Clerk
By Pauline Muelendore
Deputy.

Fee, \$8.00

STATE OF OREGON
County of Washington } SS

I, Jerry R. Hanson, 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.



Doc : 90047420

Rect: 39717

13.00

08/31/1990 08:42:11AM

Return:
Frona Critchfield
2193 S. Alpine
Cornelius, Or. 97113