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CERTIFICATION OF VITAL RECORD

90-47420
Washington County

ASPEN 35943
E-4617 I.D. TAG NO.
001 Local File Number
136- State File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

CERTIFICATE OF DEATH

58 CT

W75850

DECEDENT

1. DECEDENT'S NAME: 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 (Years): 71
5b. Under 1 Year: Mos. Days
5c. Under 1 Day: Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Starbuck, Washington
7. DATE OF BIRTH (Month, Day, Year): February 11, 1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
8a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 9325 S.W. 313th Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH: Cornelius
9d. COUNTY OF DEATH: Washington
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Auto Body Repairman
10b. KIND OF BUSINESS/INDUSTRY: Auto Repairs
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Frona Critchfield
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Washington
13c. CITY, TOWN, OR LOCATION: Cornelius
13d. STREET AND NUMBER: 9325 SW 313th Avenue
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97113
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): 9; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Meryl Critchfield
18. MOTHER - NAME first middle maiden: Anna Mapes
19. INFORMANT - NAME and relationship to deceased: Frona Critchfield, Wife

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): Oregon Health Sciences Univ.
20c. LOCATION - City or Town, State: Portland, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Samuel B. Bonleewe
21b. LICENSE NUMBER (Of Licensee): 1170
22. NAME, ADDRESS AND ZIP OF FACILITY: Bronleewe-Bass Funeral Home, PO Box 1396 (1070 W. Main), Hillsboro, OR 97123
23. DATE FILED (Month, Day, Year): JAN 0 2 1990
24. REGISTRAR'S SIGNATURE: Jerome F. Bennett
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: 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. (Signature)
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 7:32 P M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): December 28, 1989 7:32 P 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): Karen Gunson M.D.
33. DATE SIGNED (Month, Day, Year): December 29, 1989 COUNTY: STATE OF OREGON

34. 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
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) GUNSHOT WOUND OF HEAD — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1.

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): December 28, 1989
41b. TIME OF INJURY: 7:20 P M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED: Shot self with .22 caliber handgun
41a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): home
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 9325 SW 313th Ave., Cornelius, Oregon

RESERVED FOR REGISTRAR'S USE

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.

Jerome F. Bennett
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

DATE ISSUED JAN 0 2 1990

ANY ALTERATION OR ER

CHICAGO TITLE INSURANCE COMPANY

STATE 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 Caroline Muelenaere Deputy.

Fee, $8.00

STATE OF OREGON
County of Washington } ss

I, Jerry R. Hanson, Director of Assessment 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.

Jerry R. Hanson, Director of Assessment and Taxation, Ex-Officio County Clerk

WASHINGTON COUNTY, OREGON

Doc : 90047420
Rect: 39717 13.00
08/31/1990 08:42:11AM

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