E HEALTH DIVISION
Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

MTC-2743516

44936

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Local File Number				State File Number	

DECEASED—NAME 1 First: *Frances* Middle: *Gertrude* Last: *Tinkess*			**DATE OF DEATH** (month, day, year) 2 *Nov. 25, 1981*
3 **RACE** White, Black, American Indian, etc. (specify) *White*	4 **SEX** *Female*	5a **AGE**—Last birthday (years) *86* / 5b Under 1 year mos. days / 5c Under 1 day hours min	6 **DATE OF BIRTH** (month, day, year) *March 28, 1895*

7a **CITY, TOWN OR LOCATION OF DEATH** *Scappoose*	7b **HOSPITAL OR OTHER INSTITUTION—NAME** (If not in either, give street and number) *Country Villa Trailer Ct*	7c **IF HOSP. OR INST** indicate DOA, OP/Emer., Rm., Inpatient [Specify] —	7d **COUNTY OF DEATH** *Columbia*
8 **STATE OF BIRTH** (If not in U.S.A., name country) *Michigan*	9 **CITIZEN OF WHAT COUNTRY** *U.S.A.*	10 **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (specify) *Widowed*	11 **SPOUSE** (IF MARRIED, WIDOWED) *Ivan* / 12 **WAS DECEDENT EVER IN U.S. ARMED FORCES?** [Specify Yes or No] *No*
13 **SOCIAL SECURITY NUMBER** *541-20-9478*	14a **USUAL OCCUPATION** (give kind of work done during most of working life, even if retired) *School Teacher*		14b **KIND OF BUSINESS OR INDUSTRY** *Education*
15a **RESIDENCE—STATE** *Oregon*	15b **COUNTY** *Columbia*	15c **CITY, TOWN, OR LOCATION** *Scappoose*	15d **STREET AND NUMBER OR R.F.D., ZIP** *97065 #16 Country Villa Trailer Ct* / 15e **Inside City Limits** (specify yes or no) *Yes*
16 **FATHER—NAME** first middle last *Thomas Pease*	17 **MOTHER—Maiden Name** first middle last *Gertrude Short*		18 **INFORMANT—NAME** and relationship to deceased *Andy Tinkess — Grandson*

19a **BURIAL, CREMATION, REMOVAL, MAUS.** (specify) *Cremation*	19b **CEMETERY OR CREMATORY—NAME** *Skyline Memorial Crematory*	19c **LOCATION** city or town state *Portland, Oregon*	
20a **FUNERAL SERVICE LICENSEE** Or Person Acting As Such [Signature] *Ronnie D. Martin*	20b **NAME AND ADDRESS OF FACILITY** *Skyline Memorial Funeral Home 4101 N.W. Skyline Blvd. Portland, Oregon 97229*		

21a [Signature] To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature] *B Hay*	21b **DATE SIGNED** [Mo. Day. Yr.] *12/4/91*	21c **HOUR OF DEATH** *7:00 A. M*	
21d **NAME AND ADDRESS OF CERTIFIER** (Type or Print) *Scappoose Health Center*		*Scappoose Oregon*	
21e **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER** (Type or Print)			

22a **DATE RECEIVED BY REGISTRAR** [Mo. Day. Yr.] *December 8, 1981*	22b **REGISTRAR** [Signature] *Ethelmae Jordan*, Registrar

23 **IMMEDIATE CAUSE** [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		Interval between onset and death
PART I (a) *Cardiac Arrest*		*None*
DUE TO, OR AS A CONSEQUENCE OF: (b) *CHF, ASCVD*		*10 mo*
DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	24 **AUTOPSY** (Specify Yes or No) *NO*	25 **WAS MEDICAL EXAMINER NOTIFIED** [Specify Yes or No] *NO*

26a **ACCIDENT** (Specify Yes or No) *N/A*	26b **DATE OF INJURY** (Mo., Day, Yr.) *N/A*	26c **HOUR OF INJURY** *N/A* M	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	

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

STATE OF OREGON

COUNTY OF COLUMBIA

This certifies that the foregoing is a correct and complete transcript of a record of Death on file with the Columbia County Vital Statistics Department.

Ethelmae Jordan
Columbia County Local Registrar

Date: *December 8, 1981*

S E A L

NOT VALID WITHOUT RAISED SEAL OF COLUMBIA COUNTY HEALTH DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ Mountain Title Co. _____ the __15th__ day
of __May__ A.D., 19 __92__ at __10:44__ o'clock __A__ M., and duly recorded in Vol. __M92__
of _____ Deeds _____ on Page __10602__

Evelyn Biehn - County Clerk

By _____

FEE $10.00

Return: MTC