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CERTIFICATION OF VITAL RECORD

MTC 41192-SD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

188585 I.D. TAC NO. 02625 Local File Number — 138- 95-010901 State File Number

1. DECEDENT'S NAME First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Malcolm	James	WALKER	Male	May 17, 1995

4. SOCIAL SECURITY NUMBER	5a. AGE Last Birthday (Years)	5b. Under 1 Year: Months / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
565-36-9803	82			Hillsdale, Or.	July 19, 1912

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 Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Woodland Park Hospital	Portland	Multnomah

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Mail Carrier	Civil Service	Married	Gladys Walker

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Multnomah	Portland	15045 NE Rose Parkway

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
☒ Yes ☐ No	97230	☐ No ☐ Yes Specify: No	White	12

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
William Walker	Laura Jensen	Gladys Walker-Wife

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Willamette National Cemetery	Portland, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (For Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
[signature]	3025	LINCOLN MILLAMETTE FUNERAL DIRECTORS 9775 SE MT SCOTT, PORTLAND, OR 97266

23. DATE FILED (Month, Day, Year): MAY 19 1995

24. REGISTRAR'S SIGNATURE: [signature]

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

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?
4:50 AM	☐ 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): Edward E.S. Whang M.D.

30. DATE SIGNED (Month, Day, Year): 17th day of May 1995

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
M	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)

33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Edward Whang, M.D., 10373 NE Hancock 212 Portland, Oregon 97220

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

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

		Interval between onset and death
PART I (a)	C.V. Cerebro Vascular accident (Infarction)	2 wk
DUE TO, OR AS A CONSEQUENCE OF: (b)	Seizure disorder	2 yr
DUE TO, OR AS A CONSEQUENCE OF: (c)	Hypertension	25 yr
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		

37. Did tobacco use contribute to the death?	38. AUTOPSY	39. If YES was autopsy considered in determining cause of death?
☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Yes ☒ No	☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention		M	☐ Yes ☐ No	

41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

'97 JUN 12 P3:52

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED NOV 28 1995

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

After recording return to:
Nancy Schelin
c/o Gladys Walker
15045 NE Rose Parkway
Portland, OR 97230

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Amerititle the 12th day of June A.D., 19 97 at 3:52 o'clock P M., and duly recorded in Vol. M97, of Deeds on Page 18166.

FEE $10.00

Bernetha G. Letsch, County Clerk
By Kathleen Ross