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MTC 43883-LN

STATE OF OREGON

CERTIFICATE OF VITAL RECORD

CERTIFICATE OF DEATH

Local File Number 013/93 — State File Number 130-

1. DECEDENT'S NAME: First Sarah; Middle Elizabeth; Last REY
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 15, 19[illegible]
4. SOCIAL SECURITY NUMBER: 452-22-8242
5a. AGE - Last Birthday (Years): 70
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): McKinney, TX
7. DATE OF BIRTH (Month, Day, Year): May 17, 1921
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): Kaiser Sunnyside Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Clackamas
9d. COUNTY OF DEATH: Clackamas
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Edmond Louie Rey
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Clark
13c. CITY, TOWN, OR LOCATION: Camas
13d. STREET AND NUMBER: 17401 SE 39th St #95
13e. INSIDE CITY LIMITS? ☐ Yes ☑ No
13f. ZIP CODE: 98607
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): 12; College (1-4 or 5+):
17. FATHER - NAME first middle last: Eric Boyd Nelson
18. MOTHER - NAME first middle maiden: Pauline Josephine Simms
19. INFORMANT - NAME and relationship to deceased: Edmond L. Rey, husband
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Evergreen Memorial Gardens
20c. LOCATION - City or Town, State: Vancouver, Washington
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 1005
22. NAME, ADDRESS AND ZIP OF FACILITY: Memorial Gardens Mortuary, 1101 NE 112th Ave Vancouver, WA 98684
23. DATE FILED (Month, Day, Year): OCT 25 1991
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: 1233 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): [signature]
30. DATE SIGNED (Month, Day, Year): 10/18/91

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 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): Manuel Galaviz, M.D. 12607 SE Mill Plain Blvd Vancouver, WA 98684
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

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) DUE TO, OR AS A CONSEQUENCE OF: Cardio pulmonary Arrest
(b) DUE TO, OR AS A CONSEQUENCE OF: Senile Alzheimers disease
(c) Hypercholesterolemia
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Renal Insufficiency
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)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
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

ORIGINAL — VITAL STATISTICS COPY

45-2 REV. 1-89

AFTER RECORDING RETURN TO: EDMOND L. REY 369 GUN CLUB RD UNIT 10 WOODLAND, WA 98674-9201

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

DATE ISSUED OCT 25 1991

THOMAS M. TROXEL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Amerititle the 16th day of March A.D., 19 98 at 3:38 o'clock P M., and duly recorded in Vol. M98, of Deeds on Page 8433.

Bernetha G. Letsch, County Clerk

FEE $10.00

By [signature]