

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

658198
I.D. TAG NO.

STATE FILE NUMBER

4357449

1. Legal Name First: Ivan Middle: Narkiz Last: Wigowsky Suffix:		2. Death Date December 27, 2013	
3. Sex Male	4. Age 99 years	5. Social Security Number 187-28-8286	6. County of Death Marion
7. Birthdate April 22, 1914	8. Birthplace Ukraine	9. Decedent's Education 8th grade or less	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence: Number and Street 1051 Koffler Avenue		14. City/Town Woodburn	
15. Residence County Marion	16. State or Foreign Country Oregon	17. Zip Code + 4 97071	18. Inside City Limits? Yes
19. Marital Status at Time of Death Widowed		20. Spouse's Name Prior to First Marriage Olga F. Koff	
21. Usual Occupation Steel Worker		22. Kind of Business/Industry Foundry	
23. Father's Name Narkiz Wigowsky		24. Mother's Name Prior to First Marriage Maria Wigowsky	
25. Informant's Name Adolf Wigowsky		26. Telephone Number Not Available	27. Relationship to Decedent Son
28. Mailing Address 1051 Koffler Avenue, Woodburn, OR 97071			
29. Place of Death Licensed Adult Foster Home		30. Facility Name Admilia Adult Foster Care	
31. Location of Death 1610 Church Street NE		32. City/Town or Location of Death Salem	33. State Oregon
34. Zip Code + 4 97301			
35. Method of Disposition Burial		36. Place of Disposition Belle Passi Cemetery	
37. Location Woodburn, Oregon			
38. Name and Complete Address of Funeral Facility Simon-Cornwell Colonial Chapel 390 N Second St, Woodburn, Oregon 97071			
39. Date of Disposition January 03, 2014		40. Funeral Director's Signature Timothy F Brandvold	41. OR License Number CO-3742
42. Registrar's Signature <i>[Signature]</i>		43. Date Received JAN 10 2014	44. Local File Number 140074
45. Amendment Res. Num. was 1050 corr. by F.Dir. aff. 1-10-14 R. Sherman, Co. Reg. slp			
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
49. Time of Death 1935		CAUSE OF DEATH	
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			
Final disease or condition resulting in death ->		IMMEDIATE CAUSE ↓	
a. Due to (or as a consequence of) ↓		Unknown Causes	
b. Due to (or as a consequence of) ↓			
c. Due to (or as a consequence of) ↓			
d. Due to (or as a consequence of) ↓			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: HTN, Hypothyroidism, Mental Status Change			
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death	
54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		55. Date of Injury (MM/DD/YYYY)	
56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)	
60. Describe how injury occurred		61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Name, Street, City/Town, State, Zip + 4) Salem Clinic at Inland Shores Fred (Fritz) Foulke, M.D.			
63. Name and Title of Attending Physician (Name, Street, City/Town, State, Zip + 4) Fred (Fritz) Foulke, M.D.			
64. Title of Certifier M.D.		65. License Number MD 20736 OR	66. Date Signed (MM/DD/YYYY) 1-5-14
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>		68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
69. Amendment			

45-2DP (01/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD. FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED:

JAN 10 2014

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

