

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

578194

I.D. TAG NO.

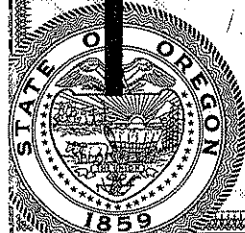
STATE FILE NUMBER

270316



1. Legal Name First: Nawang Middle: Choden Last: Yehshopa Suffix:		2. Death Date July 08, 2010	
3. Sex Female	4. Age 43 years	5. Social Security Number	
7. Race T	8. Birthplace Nepal	9. Decedent's Education High school grad. or GED	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) Tibetan	
13. Residence: Number and Street 10642 SW 43rd Avenue		14. City/Town Portland	
15. Residence County Multnomah	16. State or Foreign Country Oregon	17. Zip Code + 4 97219	18. Inside City Limits? Yes
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Tsultrim Yehshopa	
21. Usual Occupation Programmer		22. Kind of Business/Industry Software	
23. Father's Name Lobsang Phuntshog Sharchitsang		24. Mother's Name Prior to First Marriage Diki C.	
25. Informant's Name Tsultrim Yehshopa		26. Telephone Number Not Available	27. Relationship to Decedent Spouse
29. Place of Death Decedent's Residence		30. Facility Name	
31. Location of Death 10642 SW 43rd Avenue		32. City/Town or Location of Death Portland	33. State Oregon
35. Method of Disposition Cremation		36. Place of Disposition Sunset Hills Crematory	37. Location Portland, Oregon
38. Name and Complete Address of Funeral Facility Finley-Sunset Hills Mortuary 6801 SW Sunset Hwy, Portland, Oregon 97225			
39. Date of Disposition July 12, 2010		40. Funeral Director's Signature Marc A Weaver	41. OR License Number CO-3822
42. Registrar's Signature <i>[Signature]</i>		43. Date Received JUL 21 2010	44. Local File Number 03062
45. Amendment			

46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		47. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		49. Time of Death 8:16 PM	
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.						Approximate Interval: Onset to Death	
Final disease or condition resulting in death →		IMMEDIATE CAUSE → Respiratory Failure				30 minutes	
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of) → Breast Cancer				2005	
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) →					
		Due to (or as a consequence of) →					
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:							
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <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 (Number & Street or RFD No., City/Town, State, Zip + 4) Alison Conlin 9135 SW Barnes Road #261 Portland, Oregon 97225							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier Physician		65. License Number MD 28497		66. Date Signed (MM/DD/YYYY) JUL 11 2010			
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.				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							



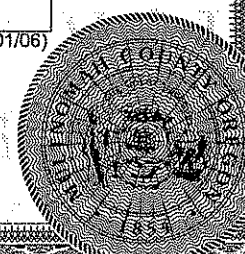
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DATE ISSUED:

JUL 21 2010

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Lila Wickham RN MS
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



45-2DP (01/06)