



# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

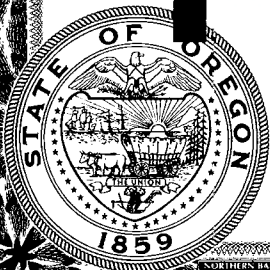
663929  
I.D. TAG NO.

STATE FILE NUMBER

\*4299688\*

1. Legal Name First: Patrick Middle: Michael Last: Nutt Suffix:			2. Death Date April 22, 2013	
3. Sex Male	4. Age 49 years	5. Social Security Number		6. County of Death Washington
7. Birthdate November 26, 1963		8. Birthplace Portland, Oregon		9. Decedent's Education Bachelor's degree
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 10276 SW Picks Way			14. City/Town Tigard	
15. Residence County Washington		16. State or Foreign Country Oregon		17. Zip Code + 4 97224
18. Inside City Limits? Yes		19. Marital Status at Time of Death Married		
20. Spouse's Name Prior to First Marriage Cheryl Millard-Nutt			22. Kind of Business/Industry Disabled	
21. Usual Occupation Disabled		23. Father's Name Lawrence Nutt		
24. Mother's Name Prior to First Marriage Peggy Marie Raouse		25. Informant's Name Cheryl Millard-Nutt		
26. Telephone Number Not Available		27. Relationship to Decedent Spouse		28. Mailing Address 10276 SW Picks Way, Tigard, OR 97224
29. Place of Death Decedent's Residence - Hospice			30. Facility Name	
31. Location of Death 10276 SW Picks Way		32. City/Town or Location of Death Tigard		33. State Oregon
34. Zip Code + 4 97224		35. Method of Disposition Cremation		
36. Place of Disposition Cascade Cremation Center		37. Location Tualatin, Oregon		
38. Name and Complete Address of Funeral Facility Crown Memorial Center, Cremation & Burial - Tualatin 8970 SW Tualatin-Sherwood Road, Tualatin, Oregon 97062				
39. Date of Disposition TBD		40. Funeral Director's Signature <i>Tara S Tjaden</i>		41. OR License Number FS-0527
42. Registrar's Signature <i>[Signature]</i>		43. Date Received APR 30 2013		44. Local File Number 13-1041
45. Amendment				
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 11:00		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. <i>brain tumor</i>		
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of) ↓		
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		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:				
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 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"/> No <input type="checkbox"/> Yes <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 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) <i>Stacy K. Lewis MD 9135 SW Barnes Road #261 Portland, OR 97225</i>				
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier <i>M.D.</i>		65. License Number <i>MD21052</i>		66. Date Signed (MM/DD/YYYY) <i>APR 25 2013</i>
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				

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.

APR 30 2013

DATE ISSUED

*Jennifer A Woodward*  
JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE