

103306

BOOK 105 PAGE 272

STATE OF WASHINGTON)
County of Skamania) ss

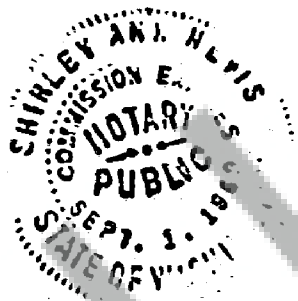
AFFIDAVIT OF RAMONA A. BENNETT

I, RAMONA A. BENNETT, first being duly sworn on oath, depose and state:

I am the ^{(RE) STEP} daughter of John Cornelius Baars, who died on March 4, 1968 at Washougal, Washington. A true and correct copy of the death certificate of John Cornelius Baars is attached hereto as Exhibit A.

Ramona A. Bennett
RAMONA A. BENNETT

SUBSCRIBED AND SWORN to before me this 4th day of June, 1987.



Shirley Ann Lewis
Notary Public in and for the
State of Washington, residing
at SILVENSOM.

My commission expires SEP. 01, 1989

FILED FOR RECORD
SKAMANIA CO. WASH
BY TILC KEEPOSK

JUN 4 3 19 PM '87

AUDITOR
GARY M. OLSON

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EXHIBIT "A"

BOOK 105 PAGE 573

S. F. No. 8191—CS

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHTYPE, OR PRINT IN
PERMANENT INK

D-2 LOCAL PREPARED (D)

STATE FILE NUMBER

DECEASED—NAME 1. CORNELIUS BAARS		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) March 4, 1968
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) White	AGE—LAST BIRTHDAY (YEARS) 75	DATE OF BIRTH (MONTH, DAY, YEAR) May 7, 1892	COUNTY OF DEATH Skamania
CITY, TOWN, OR LOCATION OF DEATH Route 2, Box 254 Washougal	HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN OTHER, GIVE STREET AND NUMBER) Route 2, Box 254, Washougal, Wash. 98671	STATE OF BIRTH (IF BORN IN U.S.A., NAME OF STATE) Wash.	
CITIZEN OF WHAT COUNTRY United States	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) Inez M. Turner	
SOCIAL SECURITY NUMBER [REDACTED]	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Dairy Farmer	KIND OF BUSINESS OR INDUSTRY Agriculture	
RESIDENCE—STATE Wash.	CITY, TOWN, OR LOCATION Washougal	STREET AND NUMBER Route 2, Box 254	
FATHER—NAME Martin Baars		MOTHER—MAIDEN NAME Maria DeGroote	
INFORMANT—NAME Mrs. Inez M. Baars		MAILING ADDRESS Rte. 2, Box 254, Washougal, Wash. 98671	
PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
(a) IMMEDIATE CAUSE Acute Coronary Occlusion		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 hours	
(b) DUE TO, OR AS A CONSEQUENCE OF: Coronary Artery Disease		Days	
(c) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerosis with Hypertension		20 yrs.	
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) None		DATE OF INJURY (MONTH, DAY, YEAR) None	
INJURY AT WORK (SPECIFY YES OR NO) None		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) None	
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) None		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) None	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM Feb 2 1968 TO March 1 1968		AND LAST SAW HIM/HER ALIVE ON Jan 1 68	
CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED	
CERTIFIER—NAME (TYPE OR PRINT) D. S. SHEPHERD		DATE SIGNED (MONTH, DAY, YEAR) Feb 6 68	
MAILING ADDRESS—CERTIFIER P.O. Box 100, Washougal, Wash.		STATE Wash.	
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY OR CREMATORY—NAME Camas Cemetery	
DATE March 8, 1968		LOCATION Camas, Washington	
FUNERAL HOME—NAME AND ADDRESS Swank Memorial Chapel, 325 NE 3rd Ave.		CITY OR TOWN, STATE, ZIP Camas, Wash.	
FUNERAL DIRECTOR—SIGNATURE L. C. [Signature]		DATE RECEIVED BY LOCAL REGISTRAR MAR 7 1968	

THIS IS TO CERTIFY, that the foregoing is a true copy (photographic)
of a record on file with the Department of Health, Vancouver, Washington.

MAR 7 1968

Donald A. Champaign, M.D.
District Health Officer

By Shirley Weiss
Clerk

EXHIBIT "A"