103306 BOOK 105 PAGE 572

STATE OF WASHINGTON)
) ss
County of Skamania)

AFFIDAVIT OF RAMONA A. BENNETT

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

I am (RE) the 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 Stevenson.

My commission expires Sept. 01, 1989

SHIRLEY ANN LEWIS
COMMISSION EXPIRES
NOTARY
PUBLIC
SEPT. 1, 198
STATE OF WASH

FILED FOR RECORD
SKAMANIA CO. WASH
BY Bill C. Kirkpatrick

JUN 4 3 19 PM '87
Deputy Auditor
AUDITOR
GARY M. OLSON

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Unofficial Copy

EXHIBIT "A"

BOOK 105 PAGE 573

S. F. No. 8191—CS

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

TYPE, OR PRINT IN PERMANENT INK

D-2 LOCAL FILE NUMBER (R.-D.)

STATE FILE NUMBER

DECEASED

1. DECEASED—NAME: CORNELIUS BAARS
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): March 4, 1968
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 75
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): May 7, 1892
7a. COUNTY OF DEATH: Skamania
7b. CITY, TOWN, OR LOCATION OF DEATH: Route 2, Box 254
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Route 2, Box 254, Washougal, Wash. 98671
8. STATE OF BIRTH (IF BORN IN U.S.A., NAME STATE): Iowa
9. CITIZEN OF WHAT COUNTRY: United States
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Inez M. Turner
12. SOCIAL SECURITY NUMBER: [redacted]
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Dairy Farmer
13b. KIND OF BUSINESS OR INDUSTRY: Agriculture
14a. USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. — RESIDENCE—STATE: Wash.
14b. COUNTY: Skamania
14c. CITY, TOWN, OR LOCATION: Washougal
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): NO
14e. STREET AND NUMBER: Route 2, Box 254

PARENTS

15. FATHER—NAME: Martin ---- Baars
16. MOTHER—MAIDEN NAME: Maria ---- DeGroote
17a. INFORMANT—NAME: Mrs. Inez M. Baars
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Rte. 2, Box 254, Washougal, Wash. 98671

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE: (a) Acute Coronary Occlusion — 2 min.

DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Art Sclerosis — Years

DUE TO, OR AS A CONSEQUENCE OF: (c) Arteriosclerosis and Hypertension — Yrs.

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO):
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: A.M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH DAY YEAR) Feb. 2 1968 TO (MONTH DAY YEAR) March 4 1968
21b. AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR) Jan. 1 68
21c. I DID/DID NOT VIEW THE BODY AFTER DEATH: yes
21d. DEATH OCCURRED (HOUR) 10 A.M. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED
22a. 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 — HOUR OF DEATH A.M.
22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) HOUR A.M.
23a. CERTIFIER—NAME (TYPE OR PRINT): D. S. Stephenson
23b. SIGNATURE: D. S. Stephenson
23c. DEGREE OR TITLE:
23d. DATE SIGNED (MONTH, DAY, YEAR):
23e. MAILING ADDRESS—CERTIFIER: Route 2 — STREET OR R.F.D. NO. — CITY OR TOWN: Washougal — STATE: Wash. — ZIP:

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Camas, Cemetery
24c. LOCATION — CITY OR TOWN: Camas, STATE: Washington
24d. DATE (MONTH, DAY, YEAR): March 8, 1968
24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Swank Memorial Chapel, 325 NE 3rd Ave. Camas, Wash.
25a. FUNERAL DIRECTOR—SIGNATURE: Leo Brown
25b. REGISTRAR—SIGNATURE: D A Champaign M.D.
25c. DATE RECEIVED BY LOCAL REGISTRAR: MAR 7 1968

UNOFFICIAL COPY

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

D A Champaign M.D.

SEAL

MAR 7 1969

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

By Shirley Weiss
Clerk

EXHIBIT "A"