CERTIFICATION OF VITAL RECORD

Local File Number 01487 116993 CERTIFICATE OF DEATH 135 State File Number

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DECEDENT

1. DECEDENT'S NAME: First Phyllis | Middle M. | Last NELSON
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): Sept. 21, 1992
4. SOCIAL SECURITY NUMBER: 540-09-8058
5a. AGE - Last Birthday (Years): 75
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. PLACE OF DEATH (City and State or Foreign Country): Stevenson, WA
7. DATE OF BIRTH (Month, Day, Year): March 15, 1917
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Kaiser Sunnyside Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Clackamas
9d. COUNTY OF DEATH: Clackamas
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Secretary/Bookkeeper
10b. KIND OF BUSINESS/INDUSTRY: Resort/Timber
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): William W. Nelson
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN, OR LOCATION: Stevenson
13d. STREET AND NUMBER: 291 Shepherd Avenue
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 98648
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 | College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Edmund - Krause
18. MOTHER - NAME first middle maiden: Julia A. Knapp
19. INFORMANT - NAME and relationship to deceased: Barbara Murray, Daughter

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Stevenson Cemetery
20c. LOCATION - City or Town, State: Stevenson, WA

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: R. [illegible]
21b. LICENSE NUMBER (Of Licensee): 1482
22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. Box 390 White Salmon, WA 98672
23. DATE FILED (Month, Day, Year): SEP 30 1992
24. REGISTRAR'S SIGNATURE: [signature]
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1205 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature]
30. DATE SIGNED (Month, Day, Year): 9-29-92

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of an examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): G. Greeder, M.D. 10200 SE Sunnyside Road Clackamas, OR 97015-9303
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest
PART I (a) Pancreatic Cancer — Interval between onset and death: 3 mos.
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I
37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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REAL ESTATE EXCISE TAX 01601

ORIGINAL — VITAL STATISTICS COPY

AUG 12 1993

PAID exempt

SKAMANIA COUNTY TREASURER

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR.

DATE ISSUED SEP 30 1992

THOMAS M. TROXEL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

After Recording Return to:

James Nelson
P.O. Box 276
Hood River, OR 97031

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

AUG 12 3 38 PM '93

AUDITOR
GARY M. OLSON