STATE OF WASHINGTON
DEPARTMENT OF HEALTH

121664 BOOK 148 PAGE 330

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 19

7 08413

STATE FILE NUMBER: 146-8

1. NAME FIRST MIDDLE LAST: Ida L. SIMMONS
2. SEX: Female
3. DEATH DATE (MO DAY YR): 08 Mar 1987
4. RACE: White
5. AGE LAST BIRTHDAY (YRS): 76
6. UNDER 1 YEAR MOS. DAYS
7. UNDER 1 DAY HOURS MINS
8. BIRTHDATE (MO DAY YR): 13 Sep 1910
9. COUNTY OF DEATH: Klickitat
10. CITY TOWN OR LOCATION OF DEATH: White Salmon
11. PLACE OF DEATH: Skyline Hospital
12. RECEIVED EMERGENCY CARE (YES/NO): No
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Washington
14. CITIZEN OF WHAT COUNTRY: U.S.A.
15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
16. SPOUSE (IF WIFE GIVE MAIDEN NAME): Donald Simmons
17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): No
18. SOCIAL SECURITY NO: 536-22-0474
19. USUAL OCCUPATION: Cook
20. KIND OF BUSINESS OR INDUSTRY: School Lunch Program
21. RESIDENCE NUMBER AND STREET: MP 0.11R Simmons Rd.
22. CITY/TOWN OR LOCATION: Stevenson
23. INSIDE CITY LIMITS? (YES/NO): No
24. COUNTY: Skamania
25. STATE: Washington
26. FATHER NAME FIRST MIDDLE LAST: Jacob - Garwood
27. MOTHER MAIDEN NAME FIRST MIDDLE LAST: KANEKKBERG Agatha - Garwood
28. INFORMANT NAME: Donald Simmons
29. MAILING ADDRESS: MP 0.11R Simmons Rd. Stevenson, WA 986?8
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Cremation
31. DATE (MO DAY YR): 10 Mar 1987
32. CEMETERY/CREMATORY NAME: Park Hill Crematorium
33. LOCATION CITY TOWN STATE: Vancouver, WA
34. FUNERAL DIRECTOR SIGNATURE: X R. P. Dinick
35. NAME OF FACILITY: GARDNER FUNERAL HOME, INC
36. ADDRESS OF FACILITY: White Salmon, WA

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X [signature]
38. DATE SIGNED (MO DAY YR): 3/11/87
39. HOUR OF DEATH (24 HRS): 0715
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. 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) STATED
SIGNATURE AND TITLE: X
42. DATE SIGNED (MO DAY YR)
43. HOUR OF DEATH (24 HRS)
44. PRONOUNCED DEAD (MO DAY YR)
45. HOUR PRONOUNCED DEAD (24 HRS)

46. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT): John Kaiser, M.D. Family Health Center White Salmon, WA 98672

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))
(A) lung Cancer — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 years
DUE TO OR AS A CONSEQUENCE OF
(B) — INTERVAL BETWEEN ONSET AND DEATH
DUE TO OR AS A CONSEQUENCE OF
(C) — INTERVAL BETWEEN ONSET AND DEATH

48. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE
49. AUTOPSY? (YES/NO): No
50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): No
51. ACC. SUICIDE HOM. UNDET. OR PENDING INVEST (SPECIFY)
52. INJURY DATE (MO DAY YR)
53. HOUR OF INJURY
54. DESCRIBE HOW INJURY OCCURED
55. INJURY AT WORK? (YES/NO)
56. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG ETC (SPECIFY)
57. LOCATION STREET OR RFD NO CITY/TOWN STATE

58. REGISTRAR SIGNATURE: [signature]
59. DATE RECEIVED (MO DAY YR): 03-16-87

FOR STATE REGISTRAR USE ONLY — 60. ITEM — DOCUMENTARY EVIDENCE — REVIEWED BY — DATE — DOCUMENTARY EVIDENCE — REVIEWED BY — DATE

Registered ✓
Indexed Dir ✓
Indirect ✓
Filmed
Mailed

FILED FOR RECORD
SKAMANIA CO. WASH
BY Robert Leick
FEB 17 4 34 PM '95
O. Lowry
AUDITOR
GARY H. OLSON

Skamania County Assessor
Date 2/17/95 Parcel # 3-7-36-1-2/0 [illegible]

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH 01-003 (5/92)

006289
CERTIFIED
Teresa J. Jennings
STATE REGISTRAR OF VITAL RECORDS
SEP 16 1994
DO NOT DESTROY

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