

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

123168

BOOK 152, PAGE 110

23

Health
CERTIFICATE OF DEATH

146

STATISTICAL NUMBER

TYPE OR NUMBER OF PRECEDING SUBJECT

LOCAL FILE NUMBER

D-2
SEX
MARRIAGE
EDUCATION
RELIGION
RACE
HAIR
EYES
BIRTH
MOTHER
FATHER
GRANDFATHER
GRANDMOTHER
SIBLINGS
SPOUSE
CHILDREN
PARENTS
GRANDPARENTS
OTHER RELATIVES
OTHER INFORMATION

1. NAME First Middle Last Marlan Linton RMOORE		2. SEX (M/F) Female		3. DEATH DATE (MM/DD/YY) July 26, 1995	
4. AGE LAST BIRTHDAY (DAY/MONTH/YEAR) 67		5. UNDER 1 YEAR (AGE/MONTH/DAY) Jan 6, 1928		6. BIRTHPLACE (City, State or Foreign Country) Nephi, Utah	
7. BIRTHDATE (MM/DD/YY)		8. WHO DESCRIBED DEATH (M/F/Other) No		9. COUNTY OF DEATH Skamania	
10. CITY, TOWN OR LOCATION OF DEATH No. Bonneville		11. PLACE OF DEATH (Home, Hosp, Prison, etc.) 816 Cellio		12. DECEASED BY LAST CERTIFICATE (Y/N) Yes	
13. MARITAL STATUS (Married, Widowed, Divorced, etc.) Widowed		14. SOCIAL SECURITY NO. 535 24 1782		15. DECEASED'S RACE (Specify) 9	
16. OCCUPATION (Date of last work) Owner/Operator		17. TYPE OF BUSINESS OR OCCUPATION Pet Store		18. NEW DEATH OR (Specify origin or specify) No	
19. RESIDENCE (Rd, Apt, Street) 816 Cellio		20. CITY/TOWN OR LOCATION N. Bonneville		21. PUBLIC CITY/STATE/COUNTY Yes Skamania	
22. MARITAL STATUS (Date of last work) Widowed		23. LENGTH OF RESIDENCE (M/F/Other) 29 yr WA		24. ZIP CODE 98639	
25. FATHER'S NAME (Full Name) Rulon Samuel Linton		26. MOTHER'S NAME (Full Name) Anne Leona Critchley		27. MARITAL STATUS (Date of last work) P.O. Box 11, No. Bonneville, WA 98639	
28. DATE OF DEATH (MM/DD/YY) 8/4/95		29. CREMATION (Y/N) Yes		30. LOCAL CEMETERY (State) Portland, Oregon	
31. CREMATION SOCIETY (Name) Troy J. Park		32. CREMATION SOCIETY (Address) Telophase Cremation Society		33. ADDRESS OF FUNERAL HOME (City, State, Zip) 1167 SE Stevens Road, Portland, OR 97206	
34. TO BE COMPLETED ONLY BY REGISTERED EXAMINER		35. TO BE COMPLETED ONLY BY REGISTERED EXAMINER		36. TO BE COMPLETED ONLY BY REGISTERED EXAMINER	
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FILED FOR RECORD
SKAMANIA CO WASH
BY *[Signature]*
JUL 29 11 08 AM '95
GARY M. OLSON
AUDITOR

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COPD

AUG 29 1995