

133427

BOOK 183 PAGE 362

Return Address:

John S. Leonard
 PO Box 157
 Carson, WA 98610

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 SKAMMISH CO. WASH
 BY Jack Leonard

Nov 17 9 47 AM '98

P. L. Olson
 AUDITOR
 GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1.	Death Certificate
2.	
3.	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	
1.	Leonard, Edith Lyle
2.	
3.	
4.	
☐ Additional Names on page _____ of document.	
GRANTEE(S) (Last name, first, then first name and initials)	
1.	Public, The
2.	
3.	
4.	
☐ Additional Names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
☐ Complete legal on page _____ of document.	
REFERENCE NUMBER(S) Of Documents assigned or released:	
☐ Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
☐ Property Tax Parcel ID is not yet assigned.	
☐ Additional parcel #'s on page _____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

BOOK 133 PAGE 363

OFFICE
USE
ONLY

DISTRICT

LOCAL FILE NUMBER

STATE FILE NUMBER

COPIES

5

HOSPITAL

OCCUPANCE

RESIDENCE

TRACT

OCCUPATION

1. NAME First Middle Last Edith Lyle LEONARD				2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) July 8, 1996	
4. AGE LAST BIRTHDAY (Yrs) 76		5. UNDER 1 YEAR MOE DAYS 12/20/1919		6. BIRTHDATE (Mo, Day, Yr) 12/20/1919		7. BIRTHPLACE (City, State or Foreign Country) Noxon, MT	
8. US DECEASED EVER IN U.S. / TIME OF DEATH (Yes / No) No				9. COUNTY OF DEATH Klickitat			
10. CITY, TOWN OR LOCATION OF DEATH White Salmon				11. PLACE OF DEATH—NO BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERGENCY 4 ☐ HOSPITAL 5 ☐ NURSING HOME 6 ☐ OTHER PLACE Skyline Hospital			
12. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		13. SURVIVING SPOUSE (If wife, give maiden name) John S. Leonard		14. SOCIAL SECURITY NO. 535-18-5187		15. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	
16. USUAL OCCUPATION (One kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		17. KIND OF BUSINESS OR INDUSTRY Own Home		18. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		19. RACE (Specify) White	
20. RESIDENCE—NUMBER AND STREET 241. Hot Springs Ave		21. CITY/TOWN, OR LOCATION Carson		22. INSIDE CITY LIMIT 157 (Yes / No) No		23. COUNTY Skamania	
24. LENGTH OF RES IN CO 50+yrs		25. STATE WA		26. ZIP CODE 98610			
27. FATHER'S NAME—FIRST, MIDDLE, LAST Dennis - Dorgan				28. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Cora Belle Lovell			
29. INFORMANT—NAME John S. Leonard		30. MAILING ADDRESS POB 157 Carson, WA 98610		31. STREET OR RFD NO. POB 157		32. CITY OR TOWN Carson	
33. STATE WA		34. ZIP 98610		35. LOCATION—CITY/TOWN, STATE Carson, WA		36. ADDRESS OF FACILITY POB 390	
37. NAME OF FACILITY GARDNER FUNERAL HOME, INC.		38. ADDRESS OF FACILITY White Salmon, WA 98672		39. ADDRESS OF FACILITY POB 390		40. ADDRESS OF FACILITY POB 390	
41. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 42. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature] 43. DATE SIGNED (Mo, Day, Yr) 7/11/96 44. HOUR OF DEATH (24 hrs) 0900 45. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) James G. Janney, III MD				46. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 47. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE [Signature] 48. DATE SIGNED (Mo, Day, Yr) 7/11/96 49. HOUR OF DEATH (24 hrs) 0900 50. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) James G. Janney, III MD			
51. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) James G. Janney, III MD POB 1519 White Salmon, WA 98672				52. MECONOMER FILE NUMBER			
53. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CHOKING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Directly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. A. CANCER OF THE COLON, METASTATIC DUE TO, OR AS A CONSEQUENCE OF: B. TO THE OMENTUM + C. LUNG DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. 54. INTERVAL BETWEEN ONSET AND DEATH 3 yrs 55. INTERVAL BETWEEN ONSET AND DEATH 3 mos 56. INTERVAL BETWEEN ONSET AND DEATH 57. INTERVAL BETWEEN ONSET AND DEATH 				58. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: 			
59. AUTOBIOGRAPHY (Yes / No) No		60. W-1 CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No		61. AUTOBIOGRAPHY (Yes / No) No		62. W-1 CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
63. AUTOBIOGRAPHY (Yes / No) No		64. W-1 CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No		65. AUTOBIOGRAPHY (Yes / No) No		66. W-1 CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
67. AUTOBIOGRAPHY (Yes / No) No		68. W-1 CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No		69. AUTOBIOGRAPHY (Yes / No) No		70. W-1 CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
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75. AUTOBIOGRAPHY (Yes / No) No		76. W-1 CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No		77. AUTOBIOGRAPHY (Yes / No) No		78. W-1 CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
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99. AUTOBIOGRAPHY (Yes / No) No		100. W-1 CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No		101. AUTOBIOGRAPHY (Yes / No) No		102. W-1 CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
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