135194

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FILED FOR RECORD
SKAGIT CO. WASH
BY Glen Miller
May 18 2 17 PM '99
J. MOSER
AUDITOR
GARY M. OLSON

RETURN ADDRESS:

Glen R. Miller
P. O. Box 252
Underwood, WA 98651

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. Miller, Joanne Louise
2.
3.
4.

[ ] Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)

1. The Public
2.
3.
4.

[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

N/A

[ ] Additional Names on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional Names on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

N/A

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional Names 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.

CERTIFICATION OF VITAL RECORD

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TYPE OR PRINT IN PERMANENT BLACK INK

I.D. TAG NO. 258489

Local File Number 4041-98

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number 136-

1. DECEDENT'S NAME: First: Joanne; Middle: Louise; Last: MILLER
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 6, 1998
4. SOCIAL SECURITY NUMBER: 525-34-0853
5a. AGE-Last Birthday (Years): 72
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Albuquerque, NM
7. DATE OF BIRTH (Month, Day, Year): May 8, 1926
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpat. ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Hood River Care Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hood River
9d. COUNTY OF DEATH: Hood River
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Secretary
10b. KIND OF BUSINESS/INDUSTRY: Funeral
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12. SPOUSE (If Married, Widowed, Divorced): Glen R.
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Clark
13c. CITY, TOWN, OR LOCATION: Camas
13d. STREET AND NUMBER: 2639 NW Logan
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 98607
14. WAS DECEDENT OF HISPANIC ORIGIN? (Not obtained by observation) (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+):
17. FATHER - NAME: first Cecil; middle; last Shirey
18. MOTHER - NAME: first Emily; middle; maiden Schmidt
19. INFORMANT - NAME and relationship to deceased: Glen R. Miller - Husband
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oak Hill Cemetery
20c. LOCATION - City or Town, State: Escondido, CA
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Wallace R. Bruns
21b. OREGON LICENSE NO. (Of Licensee): 3535
22. NAME, ADDRESS AND ZIP OF FACILITY: Gable & Parkrose Funeral Chapels, Inc 225 NE 80th Ave., Portland, OR 97213
23. DATE FILED (Month, Day, Year): August 7, 1998
24. REGISTRAR'S SIGNATURE: Dorothy A. O'Dell
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2130 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): Brenda Colfer MD
30. DATE SIGNED (Month, Day, Year): August 7, 1998

TO BE COMPLETED BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of 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): Dr. Brenda Colfer, MD 849 Pacific Avenue, Hood River, OR 97031
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

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) Chronic Obstructive Pulmonary Disease — Interval between onset and death: Years
(b) DUE TO, OR AS A CONSEQUENCE OF: Tobacco Use — Interval between onset and death:
(c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Adenocarcinoma of unknown primary
37. Did tobacco use contribute to the death? ☒ Yes ☐ Probably ☐ No ☐ Unknown
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 ☐ Other; ☐ 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)

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF DEATH COPY
RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 5/98

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

DATE ISSUED: HOOD RIVER AUG 07 1998 COUNTY OREGON

Dorothy A. O'Dell
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE