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135257

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

MAY 25 9 26 AM '99
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name Donald Kane
Address 411-108th Ave NE Suite 1800
City/State Bellevue, WA 98004

Document Title(s): (or transactions contained therein)
1. Certificate of Death
2.
3.
4.

First American Title Insurance Company

(this space for title company use only)

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)
1. Shepard, Rose Hanna
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. Public
2.
3.
4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

WA-1

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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TYPE OR PRINT IN PERMANENT BLACK INK

Washington State Department of Health

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LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo., Day, Yr)
Rose	Hanna	SHEPEARD	Female	July 17, 1998

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS / DAYS	6. UNDER 1 DAY HOURS / MINS	7. BIRTHDATE (Mo., Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
100			3/14/1898	The Dalles, OR	No	Klickitat

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH—DO NOT BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. RM/OUT PTN 4 ☒ HOSP 5 ☐ NUR HOME 6 ☐ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
White Salmon	Skyline Hospital X	No

14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
Widowed		538-03-1194	8

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic Origin or Descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:	21. RACE (Specify)
Homemaker	Own Home	No	White

22. RESIDENCE—NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
729 Henderson	Hood River	No	Hood River	1 yr.	OR	97031

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Joseph Lane Hanna	Lilly - Perry

30. INFORMANT—NAME	31. MAILING ADDRESS STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP
Sharon R. Corrie	12775 SE Vernie Milwaukie, OR 97222

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo., Day, Yr.)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Burial	7/28/1998	Ch[illegible]s Zada Cemetery	Underwood, WA

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X [signature]	GARDNER FUNERAL HOME, INC.	POB 390 White Salmon, WA 98672

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. **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
X [signature]

40. DATE SIGNED (Mo., Day, Yr.) 7/21/98

41. HOUR OF DEATH (24 Hrs.) 2120

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. 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
X

44. DATE SIGNED (Mo., Day, Yr.)

45. HOUR OF DEATH (24 Hrs.)

46. PRONOUNCED DEAD (Mo., Day, Yr.)

47. HOUR PRONOUNCED DEAD (24 Hrs.)

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Kimberly Stutzman, M.D. POB 1519 White Salmon, WA 98672

49. ME/CORONER FILE NUMBER

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death).
A Pneumonia
DUE TO, OR AS A CONSEQUENCE OF
B
DUE TO, OR AS A CONSEQUENCE OF
C.
DUE TO, OR AS A CONSEQUENCE OF
D

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

INTERVAL BETWEEN ONSET AND DEATH
3 weeks
INTERVAL BETWEEN ONSET AND DEATH
INTERVAL BETWEEN ONSET AND DEATH
INTERVAL BETWEEN ONSET AND DEATH

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE
Melanoma, ASCVD

52. AUTOPSY? (Yes / No) No

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No

54. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo., Day, Yr.)	56. [illegible] OR [illegible]	57. DESCRIBE HOW INJURY OCCURRED.

58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only)
ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE

62. REGISTRAR SIGNATURE
X [signature] MD

63. DATE RECEIVED (Mo., Day, Yr.) JUL 22 1998

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly OSHS 3150) DOH 01-003 (6/98)

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