135948

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FILED FOR RECORD
STATE OF WASHINGTON
BY Verda Bargabus
AUG 6 4 32 PM '99
P Lowry
AUDITOR
GARY M. OLSON

RETURN ADDRESS:

Verda Bargabus
P.O. Box 44
White Salmon, WA 98672

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Ruth O. Leighton DEATH CERTIFICATE
2.
3.
4.

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

1. Leighton, Ruth Olive
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)

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document 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 Numbers on Page _____ of Document.

JW

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

283421 I.D. TAG NO.

5076-99 Local File Number

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

State File Number

DECEDENT

1 DECEDENT'S NAME (First / Middle / Last)			2 SEX	3 DATE OF DEATH (Month Day Year)
Ruth	Olive	LEIGHTON	F	June 7, 1999

4 SOCIAL SECURITY NUMBER	5a AGE Last Birthday (Years)	5b Under 1 Year: Mos. / Days	5c Under 1 Day: Hours / Mins	6 BIRTHPLACE (City and State or Foreign Country)	7 DATE OF BIRTH (Month, Day, Year)
532-34-6758	91			Gravity, IA	Sept. 4, 1907

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b FACILITY NAME (If not institution, give street and number): Hood River Memorial Hospital

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.)	10b KIND OF BUSINESS/INDUSTRY	11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12 SPOUSE (If Married, Widowed)
Homemaker	Own Home	Widowed	Lowell Leighton

13a RESIDENCE - STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
Washington	Skamania	Cook	4841 Cook Underwood Rd.

13e INSIDE CITY LIMITS?	13f ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15 RACE American Indian, Black, White, etc. (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1-4 or 5+)
☐ Yes ☒ No	98605	☒ No ☐ Yes Specify	White	12	

PARENTS

17. FATHER - NAME (first middle last)	18. MOTHER - NAME (first middle maiden)	19. INFORMANT - NAME and relationship to deceased
Elmer - Dutton	Cora E. Hamblin	Verda Bargabus - Daughter

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c LOCATION - City or Town, State
☐ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)	Win-quatt Crematory	The Dalles, Oregon

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. OREGON LICENSE NO. (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
[signature]	1961 (WA)	Gardner Funeral Home POB 390 White Salmon, WA 98672

23. DATE FILED (Month, Day, Year): June 8, 1999

24. REGISTRAR'S SIGNATURE: Dorothy A. O'Dell

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?
1:20 PM	☐ 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): [signature]

30. DATE SIGNED (Month, Day, Year): 6/8/99

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Gary Regalbuto, M.D. 1410 May St. Hood River, OR 97031

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED BY MEDICAL EXAMINER

31a TIME OF DEATH	31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
M	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

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

36 PART I

(a) Pneumonia — Interval between onset and death

(b) DUE TO, OR AS A CONSEQUENCE OF: Hip Fracture — Interval between onset and death: Days

(c) DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death

(d)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I

37 Did tobacco use contribute to the death?	38 AUTOPSY	39 If YES were findings considered in determining cause of death?
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Yes ☒ No	☐ Yes ☐ No ☐ N/A

40 MANNER OF DEATH	41a DATE OF INJURY (Month, Day, Year)	41b TIME OF INJURY	41c INJURY AT WORK?	41d DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention ☐ Other			☐ Yes ☐ No	

41e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

41f LOCATION (Street and Number or Rural Route No. City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 10/97

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 JUN 08 1999 COUNTY OREGON

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE