136005

BOOK 192 PAGE 304

FILED FOR RECORD
SKAMANIA CO. WASH
BY Kielpinski & Woodrich
AUG 13 4 16 PM '99
P Lavery
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Kielpinski & Woodrich
P.O. Box 510
Stevenson WA 98648
(509) 427-5665

Document Title(s) or transactions contained therein:

Death Certificate

Grantor(s): [Last name first, then first name and initials]

Emmett J. Smith

Grantee(s): [Last name first, then first name and initials]

Mary E. Smith

Abbreviated Legal Description: [i.e., lot/block/plat or sec/twp/range/¼/¼]

Lot 16, Block 1, Woodward Marina Estates

Reference Number(s) of Documents Assigned or Released: [Bk/Pg/Aud#]

Book A, Pages 114 and 115, Auditor's No. 60610

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

02 06 34 14 5500 00

8-13-99 2-6-34-1-4-5500

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CERTIFICATION OF VITAL RECORD

BOOK 192 PAGE 305

TYPE OR PRINT IN PERMANENT BLACK INK

264140

I.D. TAG NO. 00904
Local File Number

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

136-
State File Number

1 DECEDENT'S NAME: First: Emmett; Middle: ; Last: SMITH
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): May 13, 1999
4. SOCIAL SECURITY NUMBER: 518-09-6732
5c. AGE-Last Birthday (Years): 85
5d. Under 1 Year: Mos. / Days
5e. Under 1 Day: Hrs./n / Min.
6. BIRTHPLACE (City and State or Foreign): Farley Iowa
7. DATE OF BIRTH (Month, Day, Year): October 16, 1913
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA
9a. PLACE OF DEATH (Check only one): OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Kaiser Sunnyside Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Clackamas
9d. COUNTY OF DEATH: Clackamas

PARENTS

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Supervisor
10b. KIND OF BUSINESS/INDUSTRY: Sheet Metal Industry
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Mary
13a. RESIDENCE - STATE: WA
13b. COUNTY: Skamania
13c. CITY, TOWN OR LOCATION: Stevenson
13d. STREET AND NUMBER: 632 Skamania Landing Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 98648
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - 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): ; College (1-4 or 5+):
17. FATHER'S NAME first middle last: Joseph Smith
18. MOTHER'S NAME first middle maiden: Mary Alice Riley
19. INFORMANT'S NAME and relationship to deceased: Mary Smith - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Forest Lawn Memorial Park
20c. LOCATION - City or Town, State: Gresham, Oregon

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Edna R White
21b. OREGON LICENSE NO. (Of Licensee): CO1644
22. NAME, ADDRESS AND ZIP OF FACILITY: Holman Carroll Funeral Chapel, 520 W. Powell Blvd. Gresham, OR 97030
23. DATE FILED (Month, Day, Year): MAY 24 1999
24. REGISTRAR'S SIGNATURE: Mozelle A Thompson
RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 0225
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): Thomas W. Nielsen M.D.
30. DATE SIGNED (Month, Day, Year): 5/17/99
31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year): 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): George Feldman MD 10160 SE Sunnyside Rd Clackamas Oregon 97015
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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) PNEUMONIA — Interval between onset and death: 1 week
DUE TO, OR AS A CONSEQUENCE OF
(b) Multiple Strokes — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(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: Seizure
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
38. AU ☐ 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 (Specify) ☐ 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)
RESERVED FOR REGISTRAR'S USE

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY

ORIGINAL-VITAL STATISTICS COPY

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

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

DATE ISSUED: MAY 24 1999

Marina T. Stansell
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE