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FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Debbie Truax

SEP 16 4 57 PM '99
G Lowry
AUDITOR
GARY M. OLSON

RETURN ADDRESS:

Debbie Truax
PO Box 1241
Stevenson WA 98648

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. Henriksen, Cecil Gordon
2.
3.
4.

☐ Additional Names on Page _____ of Document.

RE-EXCISE TAX
20421
Sept 13, 1999
PAID EXEMPT
Wm Swanson, Deputy
Skam. Co. Treas.

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

1. Henriksen, Jacqueline Z.
2.
3.
4.

☐ Additional Names on Page _____ of Document.

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

Gary H. Martin, Skamania County Assessor
Date 9/16/99 Parcel # 3-8-17-4-1401

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

Vol. 70 Pg 171 Comm. Prop Agree

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

3-8-17-4-1401

☐ Property Tax parcel ID is not yet assigned.
☐ Additional Parcel Numbers 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.

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CERTIFICATE OF DEATH

Washington State Department of Health

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

STATE FILE NUMBER

1 DISTRICT

2. COPIES 5

HOSPITAL

4. OCCUPANCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21. ACC LOC

22. QUERIES

23.

24.

DECEDENT

1. NAME — First: Cecil; Middle: Gordon; Last: HENRIKSEN
2. SEX (M / F): Male
3. DEATH DATE (Mo, Day, Yr): September 13, 1999
4. AGE LAST BIRTHDAY (Yrs): 84
5. IF UNDER 1 YEAR — MOS / DAYS:
6. IF UNDER 1 DAY — HOURS / MINS:
7. BIRTHDATE (Mo, Day, Yr): 12/17/1914
8. BIRTHPLACE (City, State or Foreign Country): Washougal, WA
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
10. COUNTY OF DEATH: Skamania
11. CITY, TOWN OR LOCATION OF DEATH: Carson
12. PLACE OF DEATH — Mark box for place then give address or institution name: [X] 1 HOME 2 [ ] IN TRANSPORT 3 [ ] E.R./S.A. RM/OUT PTN 4 [ ] HOSP. 5 [ ] NUR HOME 6 [ ] OTHER PLACE: X 1411 Metzger Road
13. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
15. SURVIVING SPOUSE (If wife, give maiden name): Jacqueline Zoe Prill
16. SOCIAL SECURITY NO: 534-01-3134
17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): 8; College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Glue Mixer
19. KIND OF BUSINESS OR INDUSTRY: Plywood Mill
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify, Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No
21. RACE (Specify): White
22. RESIDENCE — NUMBER AND STREET: 1411 Metzger Road
23. CITY/TOWN, OR LOCATION: Carson
24. INSIDE CITY LIMITS? (Yes / No): No
25A. COUNTY: Skamania
25B. LENGTH OF RES. IN CO: 84 Yrs
26. STATE: WA
27. ZIP CODE: 98610

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST: Henry Henriksen
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Anna Goodwin

INFORMANT

30. INFORMANT — NAME: Jacqueline Henriksen
31. MAILING ADDRESS — STREET OR RFD NO.; CITY OR TOWN; STATE; ZIP: 242 Upper Dillingham Loop Carson, WA 98610

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
33. DATE (Mo, Day, Yr): 9/14/1999
34. CEMETERY/CREMATORY — NAME: Portland Cremation Center
35. LOCATION — CITY/TOWN, STATE: Portland, OR
36. FUNERAL DIRECTOR SIGNATURE: X C.M. Nimitz
37. NAME OF FACILITY: STRAUBS FUNERAL HOME
38. ADDRESS OF FACILITY: 325 NE 3rd Ave Camas, WA 98610

CERTIFIER

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
40. DATE SIGNED (Mo., Day, Yr):
41. HOUR OF DEATH (24 Hrs.):
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 [signature], County Coroner
44. DATE SIGNED (Mo., Day, Yr): September 16, 1999
45. HOUR OF DEATH (24 Hrs): 2130
46. DATE PRONOUNCED DEAD (Mo., Day, Yr): September 13, 1999
47. HOUR PRONOUNCED DEAD (24 Hrs.): 2130
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Bradley Andersen, Coroner POB 790 Stevenson, WA 98648
49. ME/CORONER FILE NUMBER: 99-124SK

CAUSE OF DEATH

50. 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 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.

A. Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 months
DUE TO, OR AS A CONSEQUENCE OF:
B. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
C. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
D. — INTERVAL BETWEEN ONSET AND DEATH:

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Congestive Heart Failure
52. AUTOPSY? (Yes / No): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify): Natural
55. INJURY DATE (Mo, Day, Yr):
56. HOUR OF INJURY (24 Hrs):
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):

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/91) (formerly DSHS 9-150)

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