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SKAMANIA CO, WASH
BY Anthony H Connors
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WHITE SALMON, WA 98672

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. JOHNSON, DONNA LEE
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)

[ ] Additional Names on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional Names on page _____ of document.

Indexed
Filmed
Mailed

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03-09-11-?-0-1200/00 9/6/00

[ ] 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.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

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COUNTY OF SAN MATEO

HEALTH DEPARTMENT

SAN MATEO, CALIFORNIA

CERTIFICATE OF DEATH — STATE OF CALIFORNIA — USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS — VS-11 (REV. 7/97)

STATE FILE NUMBER: **3199941** 004887 — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
DONNA	LEE	JOHNSON

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
02/13/1934	65					F	12/17/1999	0015

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
KA	[redacted]	☐ Yes ☒ No ☐ Unk	MARRIED	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
WHITE	☐ Yes ☒ No	CPI CORPORATION

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
DOCUMENTATION PROCESSOR	COMMUNICATIONS	15

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION): 1194 KING STREET

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
REDWOOD CITY	SAN MATEO	94061	40	CA

INFORMANT

26. NAME, RELATIONSHIP: HENRY R. JOHNSON-HUSBAND

27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 1194 KING ST., REDWOOD CITY, CA 94061

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)
HENRY	RAY	JOHNSON

31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
MALVIN	LeROY	THOMAS	SD

35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
VIRGINIA	FERN	JOHNSTON	WA

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
12/22/1999	RES-HENRY R. JOHNSON 1194 KING ST., REDWOOD CITY, CA 94061

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
CR/RES	NOT EMBALMED	

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
CUNNINGHAM'S AFFORDABLE BURIAL AND CREMATION CNTR	FD-1532	S Morrow MD	12/22/1999 DM

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL SPECIFY ONE: ER/OP ☐ DOA ☐	102. FACILITY (OTHER THAN HOSPITAL): CONV. HOME ☐ RES. ☐ Other ☐	104. COUNTY
KAISER REDWOOD CITY			SAN MATEO

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 1150 VETERANS BLVD.

106. CITY: REDWOOD CITY

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) lung cancer	4-5
DUE TO	(B)	
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: ☐ Yes ☒ No — REFERRAL NUMBER

109. BIOPSY PERFORMED: ☐ Yes ☒ No

110. AUTOPSY PERFORMED: ☐ Yes ☒ No

111. USED IN DETERMINING CAUSE: ☐ Yes ☒ No

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: urinary tract infection

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NONE

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 12/16/1999 — DECEDENT PRONOUNCED DEAD MM/DD/CCYY: 12/17/1999

115. SIGNATURE AND TITLE OF CERTIFIER: E Smith MD

116. LICENSE NO.: A063050

117. DATE MM/DD/CCYY: 12/17/1999

118. TYPE/ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: DAVID LIU, M.D. 1150 VETERANS BLVD. RWC CITY CA 94063

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ PENDING INVESTIGATION ☐ HOMICIDE ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK: ☐ Yes ☐ No — 121. INJURY DATE MM/DD/CCYY — 122. HOUR — 123. PLACE OF INJURY

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

128. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)

129. SIGNATURE OF CORONER OR DEPUTY CORONER — 127. DATE MM/DD/CCYY — 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								4393	

147649

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SAN MATEO }

DATE ISSUED DEC 3 0 1999

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH DEPARTMENT.

SCOTT MORROW, M.D.
HEALTH OFFICER AND REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

Gary H. Martin, Skamania County Assessor
Date 9/6/00 3-9-11-3-1200
Parcel #

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE