

146462

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FILED FOR RECORD  
SKAMMIA CO. WASH  
BY *Betty Hopkins*

Nov 5 10 42 AM '02

*Betty*  
AUDITOR  
J. MICHAEL GARVISON

## Return Address:

Betty Hopkins  
986 SW Rock Crk Dr.  
#105  
Stevenson, WA 98648

## Document Title(s) or transactions contained herein:

Death Certificate

## GRANTOR(S) (Last name, first name, middle initial)

Hopkins, Douglas Houston

☐ Additional names on page \_\_\_\_\_ of document.

## GRANTEE(S) (Last name, first name, middle initial)

Hopkins, Betty L.

☐ Additional names on page \_\_\_\_\_ of document.

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

NW ¼ Section 26, T4N, R7EWM

☐ Complete legal on page \_\_\_\_\_ of document.

## REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document.

## ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

04-07-26-2-0-0500-00 & 04-07-26-2-0-0600-00 *and*☐ 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. *OK*

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## Health CERTIFICATE OF DEATH

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LOCAL FILE NUMBER

STATE FILE NUMBER

1. NAME First: Douglas Middle: Houston Last: HOPKINS				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) March 17, 1999	
4. AGE LAST BIRTHDAY (Yrs) 82		5. UNDER 1 YEAR MOS DAYS		7. BIRTHDATE (Mo, Day, Yr) 3-26-1916		8. BIRTHPLACE (City, State or Foreign Country) Concord, NC	
11. CITY, TOWN OR LOCATION OF DEATH Vancouver				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. ROOM/OUT PAT 4. <input type="checkbox"/> HOSP 5. <input checked="" type="checkbox"/> NURS HOME 6. <input type="checkbox"/> OTHER PLACE Rose Vista Nursing Home			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married				15. SURVIVING SPOUSE (If wife, give maiden name) Betty Hopkins		16. SOCIAL SECURITY NO. 242-03-7223	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8				13. SMOKING IN LAST 15 YEARS? (Yes / No) No			
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Electrician				19. KIND OF BUSINESS OR INDUSTRY I.B.F.W.		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	
22. RESIDENCE—NUMBER AND STREET 372 Hemlock Road		23. CITY/TOWN OR LOCATION Carson		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skamania	
26. LENGTH OF RES. IN CO. 20		26. STATE WA		27. ZIP CODE 98610			
28. FATHER'S NAME—FIRST, MIDDLE, LAST Walter Lee Hopkins				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Ethel Henry Hill			
30. INFORMANT—NAME Betty Hopkins				31. MAILING ADDRESS 372 Hemlock Road Carson, WA. 98610			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) 3/19/99		34. CEMETERY/CREMATORY—NAME Rose City Cemetery		35. LOCATION—CITY/TOWN, STATE Portland, Oregon	
36. FUNERAL DIRECTOR SIGNATURE X Mike O'neill		37. NAME OF FACILITY Rose City Funeral Home		38. ADDRESS OF FACILITY 5625 NE Fremont Portland, OR.		39. 97213	
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 David R. Ross MD				40. 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			
40. DATE SIGNED (Mo, Day, Yr) 3-17-99		41. HOURS OF DEATH (24 Hrs) 1:15 am		42. DATE SIGNED (Mo, Day, Yr)		43. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Timothy Ross MD 715 S. Andresen Road Vancouver, WA. 98661				44. PRONOUNCED DEAD (Mo, Day, Yr)		45. HOUR PRONOUNCED DEAD (24 Hrs)	
46. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER, OR CORONER (Type or Print) Timothy Ross MD 715 S. Andresen Road Vancouver, WA. 98661				47. MEASUREMENT FILE NUMBER			
48. 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 CAROTID OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.							
A. Complications of abdominal sepsis		INTERVAL BETWEEN ONSET AND DEATH 5 days		B. Perforation of small intestine		INTERVAL BETWEEN ONSET AND DEATH 5 days	
C.		INTERVAL BETWEEN ONSET AND DEATH		D.		INTERVAL BETWEEN ONSET AND DEATH	
49. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:							
54. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		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 RD NO., CITY/TOWN, STATE		61. RECORD AMENITY (Registrar Use Only) ITEM DOCUMENTARY REVIEWED BY DATE	
62. DATE RECEIVED (Mo, Day, Yr) MAR 17 1999		63. DATE RECEIVED (Mo, Day, Yr)		64. DATE RECEIVED (Mo, Day, Yr)		65. DATE RECEIVED (Mo, Day, Yr)	

TO BE USED ONLY IN CONNECTION WITH CLAIM PENDING BEFORE THE VETERANS ADMINISTRATION

DOH 110-006 (Rev. 7/81) (Formerly DCHS 8-180)

DOH 01-003 (5/98)