CERTIFICATION OF VITAL RECORD

Local File Number 01487 116993 CERTIFICATE OF DEATH 135 State File Number

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9/30/92 3

DECEDENT

1 DECEDENT'S NAME (First / Middle / Last)			2 SEX	3 DATE OF DEATH (Month, Day, Year)
Phyllis	M.	NELSON	Female	Sept. 21, 1992

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)
[redacted]	75			Stevenson, WA	March 15, 1917

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)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
Kaiser Sunnyside Medical Center	Clackamas	Clackamas

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)
Secretary/Bookkeeper	Resort/Timber	Widowed	William W. Nelson

13a RESIDENCE - STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER
Washington	Skamania	Stevenson	291 Shepherd Avenue

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	98648	☒ 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
Edmund - Krause	Julia A. Knapp	Barbara Murray, Daughter

DISPOSITION

20a METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from state ☐ Donation ☐ Other (Specify)	20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c LOCATION - City or Town, State
	Stevenson Cemetery	Stevenson, WA

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b LICENSE NUMBER (Of Licensee)	22 NAME, ADDRESS AND ZIP OF FACILITY
[signature]	1482	GARDNER FUNERAL HOME, INC. Box 390 White Salmon, WA 98672

REGISTRAR

23 DATE FILED (Month, Day, Year)	24 REGISTRAR'S SIGNATURE
SEP 30 1992	[signature]

25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A

26 WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH	28 WAS MEDICAL EXAMINER NOTIFIED?
1205 M	☐ 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) 9-24-92

TO BE COMPLETED ONLY 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

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): G. Greeder, M.D. 10200 SE Sunnyside Road Clackamas, OR 97015-9303

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

CAUSE OF DEATH

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

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

		Interval between onset and death
PART I (a)	Pancreatic Cancer	3 mos.
DUE TO, OR AS A CONSEQUENCE OF: (b)		
DUE TO, OR AS A CONSEQUENCE OF: (c)		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to 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 ☒ No ☐ Probably ☐ Unk	☐ 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		M	☐ Yes ☒ No	
	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

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REAL ESTATE EXCISE TAX 16014

ORIGINAL — VITAL STATISTICS COPY

AUG 12 1993 REV. 1/93

PAID Exempt
SW

SKAMANIA COUNTY TREASURER

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

DATE ISSUED SEP 30 1992

THOMAS M. TROXEL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

After Recording Return to:

James Nelson
P.O. Box 276
Hood River, OR 97031

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

Aug 12 3 38 PM '93

AUDITOR
GARY M. OLSON