CERTIFICATION OF VITAL RECORD

117218 BOOK 137 PAGE 806

OREGON HEALTH DIVISION

40441 (ID No.) 138-81 (Local File Number)

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

88-023395 (State File Number) 138-

DECEDENT

1. Name: Emery O. OWENS
2. Sex: M
3. Date of Death: December 13, 1933
4. Social Security Number:
5. Age: 79
6. If Under 1 Year: Months / Days
7. If Under 1 Day: Hours / Minutes
8. Birthplace: Jerico Springs, MO
9. Date of Birth: October 20, 1902
10. Was Decedent Ever in U.S. Armed Forces? No
11. Place of Death: Hospital
12. Facility Name: Hood River Care Center
13. City, Town or Location of Death: Hood River
14. County of Death: Hood River
15. Decedent's Usual Occupation: Heavy Equipment Operator
16. Kind of Business/Industry: County Road Crew
17. Marital Status: Married
18. Spouse: K. Dorothy
19. Residence - State: Washington
20. County: Skamania
21. City, Town or Location: Stevenson
22. Street and Number: 0.3/L Iman Cemetery Road
23. Inside City Limits?: No
24. Zip Code: 98648
25. Was Decedent of Hispanic Origin?: No
26. Race: White
27. Decedent's Education: 10

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PARENTS

28. Father's Name: bert Howard Owens
29. Mother's Maiden Name: Ida Mae Hall
30. Informant: Dorothy Owens, Wife

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DISPOSITION

31. Method of Disposition: Burial
32. Place of Disposition: Wind River Memorial Cemetery
33. Location: Carson, WA

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910
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CERTIFIER

34. Signature of Funeral Service Licensee or Person Acting as Such: K. Dimick
35. License Number: 1362
36. Name, Address and Zip of Facility: Gardner Funeral Home, Inc. Box 390 White Salmon, WA 9867

311K

TO BE COMPLETED BY CERTIFYING PHYSICIAN

37. Time of Death: 1:00 p.m.
38. Was Medical Examiner Notified?: No
39. On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) stated.
40. Date Signed: 1-16-88

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

41. Time of Death:
42. Date Pronounced Dead:
43. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated.
44. Date Signed:

45. Name, Title, Address and Zip of Certifying Medical Examiner: David Hindahl, M.D. Family Health Center White Salmon, WA
46. Name of Attending Physician (If Other than Certifier):

CAUSE OF DEATH

PART I. Cardiorespiratory Arrest — Minutes
PART II. Other Significant Conditions:

REGISTRAR

47. Date Received by Local Registrar: DEC 21 1988
48. Registrar:

016076

REAL ESTATE EXCISE TAX

SEP 02 1993

PAID Exempt

Skamania County

TREASURER

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

AL - VITAL STATISTICS COPY

Glenda J. Kimmel, Skamania County Assessor
By: Parcel # 3-7-35-900

UNOFFICIAL COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED AUG 31 1993

EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON 1859

OREGON STATE HEALTH DIVISION

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FILED FOR RECORD
SKAMANIA CO. WASH
BY Duke Owens

SEP 23 33 PM '93

AUDITOR
GARY M. OLSON