

CERTIFICATION OF VITAL RECORD

117218

OREGON HEALTH DIVISION

BOOK 137 PAGE 806

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

88-023395

1. DECEASED'S NAME Emery O. OWENS		2. SEX M		3. DATE OF DEATH (Month, Day, Year) December 13, 1983	
4. SOCIAL SECURITY NUMBER 79		5. AGE (Years, Months, Days) 79		6. DATE OF BIRTH (Month, Day, Year) October 20, 1902	
7. PLACE OF DEATH (City, Town, County, State) Hood River Care Center Hood River		8. COUNTY OF DEATH Hood River		9. CITY, TOWN, OR LOCATION OF DEATH Hood River	
10. DECEASED'S USUAL OCCUPATION Heavy Equipment Operator		11. COUNTY OF BUSINESS OR INDUSTRY County Road Crew		12. MARITAL STATUS (Married, Single, Widowed, Divorced) Married	
13. RESIDENCE - STATE Washington		14. COUNTY Skamania		15. CITY, TOWN, OR LOCATION Stevenson	
16. ZIP CODE 98648		17. RACE White		18. DECEASED'S EDUCATION 10	
19. FATHER'S NAME Bert Howard Owens		20. MOTHER'S NAME Ida Mae Hall		21. DECEASED'S NAME AND ADDRESS (Name and Address of Deceased) Dorothy Owens, Wife	
22. METHOD OF DEATH (Natural, Accidental, Suicide, Homicide) Natural		23. PLACE OF DEATH (City, Town, County, State) Wind River Memorial Cemetery Carson, WA		24. LOCATION OF DEATH (City, Town, County, State) Carson, WA	
25. SIGNATURE OF PHYSICIAN <i>R. P. Diercke</i>		26. LICENSE NUMBER 1362		27. NAME, ADDRESS AND ZIP OF FACILITY Gardner Funeral Home, Inc. Box 390 White Salmon, WA 98672	

28. TIME OF DEATH 12:00 PM		29. DATE OF DEATH 12-13-83	
30. SIGNATURE OF PHYSICIAN <i>David H. H. H. H.</i>		31. SIGNATURE OF MEDICAL EXAMINER <i>David H. H. H. H.</i>	
32. NAME, TITLE, ADDRESS AND ZIP OF MEDICAL EXAMINER David H. H. H. H., M.D., Family Health Center, White Salmon, WA 98672		33. NAME OF ATTENDING PHYSICIAN OR OTHER CERTIFIED PHYSICIAN David H. H. H. H.	
34. IMMEDIATE CAUSE OF DEATH Cardiorespiratory arrest		35. UNDERLYING CAUSE OF DEATH Cardiorespiratory arrest	
36. OTHER CAUSE OF DEATH None		37. OTHER CAUSE OF DEATH None	
38. SIGNATURE OF DEATH None		39. SIGNATURE OF DEATH None	
40. SIGNATURE OF DEATH None		41. SIGNATURE OF DEATH None	

42. SIGNATURE OF DEATH None		43. SIGNATURE OF DEATH None	
44. SIGNATURE OF DEATH None		45. SIGNATURE OF DEATH None	

RECORDER'S NOTE: NOT AN ORIGINAL DOCUMENT - VITAL STATISTICS COPY

PAID *Exempt*

SEP 02 1993

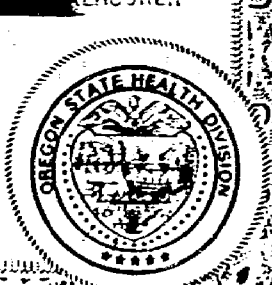
Glenda J. Kimmel, Skamania County Assessor
By: *Glenda J. Kimmel* 3-7-35-900



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
EDWARD J. JOHNSON II,
STATE REGISTRAR



FILED FOR RECORD
SKAMANIA CO. WASH
BY *Duke Owens*
SEP 2 3 33 PM '93
J. Lowry
AUDITOR
GARY M. OLSON