STATE OF WASHINGTON
DEPARTMENT OF HEALTH

119470
TYPE OR PRINT IN PERMANENT BLACK INK

BOOK 143 PAGE 249

17
LOCAL FILE NUMBER

Washington State Department of Health

146
STATE FILE NUMBER

FOR VITAL STATISTICS USE ONLY

CERTIFICATE OF DEATH

1. NAME — First: George	Middle: Erwin	Last: SKAAR			2. SEX (M / F): Male	3. DEATH DATE (Mo. Day. Yr.): April 28 1994			
4. AGE LAST BIRTHDAY (Yrs): 85	5. UNDER 1 YEAR — MOS:	DAYS:	6. UNDER 1 DAY — HOURS:	MINS:	7. BIRTHDATE (Mo. Day. Yr.): Dec 1 1908	8. BIRTHPLACE (City, State or Foreign Country): Stevenson WA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No	10. COUNTY OF DEATH: Skamania	
11. CITY, TOWN OR LOCATION OF DEATH: Stevenson	12. PLACE OF DEATH (Check only one box for place then give address or institution name) 1 ☒ HOME 2 ☐ IN HOSPITAL 3 ☐ DEAD ON ARRIVAL 4 ☐ NURSING HOME 5 ☐ OTHER PLACE: MP 0.54L Hot Springs Alameda							13. SMOKING IN LAST 15 YEARS? (Yes / No): No	
14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married	15. SURVIVING SPOUSE (If wife, give maiden name): Edna I Lucas				16. SOCIAL SECURITY NO.: [redacted]	17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): 8	College (1-4 or 5+):		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Equipment Operator	19. KIND OF BUSINESS OR INDUSTRY: Lumber	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			21. RACE (Specify): White				
22. RESIDENCE - NUMBER AND STREET: MP 0.54L Hot Springs Alameda	23. CITY/TOWN, OR LOCATION: Stevenson	24. INSIDE CITY LIMITS? (Yes / No): No	25A. COUNTY: Skamania	25B. LENGTH OF RES. IN CO: 85 yrs	26. STATE: Washington	27. ZIP CODE: 98648			
28. FATHER'S NAME — FIRST, MIDDLE, LAST: John - Skaar			29. MOTHER'S MAIDEN SURNAME — FIRST, MIDDLE, MAIDEN SURNAME: Christina - Skaalheim						
30. INFORMANT — NAME: Edna Skaar	31. MAILING ADDRESS — STREET OR RFD NO.: MP 0.54L Hot Springs Alameda	CITY OR TOWN: Stevenson,	STATE: WA	ZIP: 98648					
32. BURIAL/CREMATION/REMOVAL (Specify): Cremation	33. DATE (Mo. Day. Yr.): May 3 1994	34. CEMETERY/CREMATORY — NAME: Win-quatt Crematory		35. LOCATION — CITY/TOWN, STATE: The Dalles OR					
36. FUNERAL DIRECTOR (Signature): X R. L. Dierickx		37. NAME OF FACILITY: GARDNER FUNERAL HOME, INC.		38. ADDRESS OF FACILITY: POB 300 WHITE SALMON WA 98672					

TO BE COMPLETED ONLY BY [illegible]

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

40. DATE SIGNED (Mo., Day, Yr.):

41. HOUR OF DEATH (24 Hrs.):

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY [illegible]

43. ON THE BASIS OF INFORMATION 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 Robert K. Leick Coroner

44. DATE SIGNED (Mo., Day, Yr.): May 3, 1994

45. HOUR OF DEATH (24 Hrs.): 1636

46. PRONOUNCED DEAD (Mo., Day, Yr.): April 28, 1994

47. HOUR PRONOUNCED DEAD (24 Hrs.): 1645

48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Robert K. Leick Coroner Skamania Co. Courthouse Stevenson, WA 98648

49. MEDICORONER FILE NUMBER: 94-009SK

50. 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 CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		
A	CORONARY OCCLUSION	Interval between onset and death: Undetermined
DUE TO, OR AS A CONSEQUENCE OF: a	[illegible]	Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: c	[illegible]	Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: d	[illegible]	Interval between onset and death:

016600
REAL ESTATE EXCISE TAX

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE

MAY 2 [illegible]

52. AUTOPSY? (Yes / No): No

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes

54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify):

55. INJURY DATE (Mo. Day. Yr.):

56. HOUR OF [illegible] (24 Hrs.):

AID [illegible] EX

57. INJURY AT WORK? (Yes / No):

58. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify):

SKAMANIA COUNTY TREASURER

61. RECORD AMENDMENT (Registrar use only) — ITEM | SUBSEQUENT EVIDENCE | REVIEWED BY | DATE

62. REGISTRAR: Karen Steingart, MD

63. DATE RECEIVED (Mo. Day. Yr.): May 3, 1994

DOH 01-003 (5/92)

Glenda J. Kimmel, Skamania County Assessor
By: LL Parcel # 3-7-36-4-3

FILED FOR RECORD
SKAMANIA CO. WASH
BY Edna Skaar
MAY 20 10 19 AM '94
O. Lowry
AUDITOR
GARY M. OLSON

CERTIFIED

MAY 03 1994

Karen Steingart
Dr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist.
AA374712