STATE OF WASHINGTON
DEPARTMENT OF HEALTH

LOCAL FILE NUMBER 121421 **CERTIFICATE OF DEATH** BOOK 147 PAGE 827

1. Name — First: Dolores — Middle: Yvonne — Last: BEAGLE
2. Sex (M / F): Female
3. Death Date (Mo, Day, Yr): May 12, 1993
4. Age Last Birthday (Yrs): 60
7. Birthdate (Mo, Day, Yr): Aug 6, 1932
8. Birthplace (City, State or Foreign Country): Coos Bay, Or
9. Was Decedent Ever in U.S. Armed Forces? (Yes / No): No
10. County of Death: Clark
11. City, Town or Location of Death: Vancouver
12. Place of Death (give address or institution name): 7704 NE 61st Ave
13. Residing in last 10 years? (Yes / No): No
14. Marital Status: married
15. Surviving Spouse: Arthur C. Beagle
16. Social Security No: [redacted]
17. Decedent's Education (Elementary/Secondary 0-12): 12
18. Usual Occupation: Accountant
19. Kind of Business or Industry: Clark County
20. Was Decedent of Hispanic Origin or Descent? (Yes / No): No
21. Race: White
22. Residence—Number and Street: 7704 NE 61st Ave
23. City/Town or Location: Vancouver
24. Inside City Limits?: No
25. County: Clark
26. Length of Res in Co: 37yr
27. State: WA
28. Zip Code: 98661
29. Father's Name: Elmer L. Linn
30. Mother's Name—Maiden Surname: Loretta M. Smith
31. Informant—Name: Arthur C. Beagle
32. Mailing Address: 7704 NE 61st Ave Vancouver, WA 98661
33. Burial/Cremation/Removal/Other: Cremation
34. Date (Mo, Day, Yr): 6/14/93
35. Cemetery/Crematory—Name: UniService Crematorium
36. Location—City/Town, State: Portland, Oregon
37. Funeral Director Signature: [signature]
38. Name of Facility: Memorial Gardens Mortuary — 4101 NE 112th Ave Vancouver, WA 98684

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Signature and title: [signature]
40. Date Signed (Mo, Day, Yr): 5/13/93
41. Hour of Death (24 Hrs): 1225

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

42. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and was due to the causes stated. Signature and title:

48. Name and Address of Certifier—Physician, Medical Examiner or Coroner: Paul Wallace, M.D. 3414 N. Kaiser Center Dr Portland, OR 97227

50. Enter the diseases, injuries, or complications which caused the death.
Immediate cause (a): Metastatic Carcinoma of the Colon — Interval between onset and death: 3 years
Due to, or as a consequence of (b):
Due to, or as a consequence of (c):
Due to, or as a consequence of (d):

51. Other significant conditions: No
52. Was case referred to medical examiner or coroner?: Yes
53. Injury at work? (Yes / No): No

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SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
JAN 6 2 34 PM '95
[signature]
AUDITOR
GARY M. OLSON

Indexed, Dir ✓
Indirect ✓
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Date Received: MAY 14 1993

[signature] Registrar

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT