127110

BOOK 161 PAGE 874

FILED FOR RECORD
SKAMANIA CO. WASH
BY L. Eugene Hanson
JAN 10 4 34 PM '97
O Lowry
AUDITOR
GARY M. OLSON

RETURN ADDRESS:
L. EUGENE HANSON
Attorney at Law
P. O. Box 417
White Salmon, WA 98672

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Death Certificate
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)

1. RUBY E. SUME
2.
3.
4.

[ ] Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)

1. JOHN F. SUME
2.
3.
4.

[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

[ ] Additional Names on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional Names on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03-10-22-0-0-1900-00

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional Names on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

Gary H. Martin, Skamania County Assessor
Date 1-10-97 Parcel # 3-10-22-0-1900
Vn

Registered
Indexed, Dir
Indirect
Filmed
Mailed

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

96653

BOOK 161 PAGE 875

146

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

Washington State Department of Health

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

COPIES 24

1. NAME First: Ruby Middle: Evelyn Last: SUME	2. SEX (M / F): F	3. DEATH DATE (Mo. Day. Yr.): DEC 15, 1996	
4. AGE LAST BIRTHDAY (Yrs): 76	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo. Day. Yr.): JUL 28, 1920
8. BIRTHPLACE (City, State or Foreign Country): Eureka, MT	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): NO	10. COUNTY OF DEATH: Skamania	
11. CITY, TOWN OR LOCATION OF DEATH: Underwood	12. PLACE OF DEATH - BOX FOR PLACE, THEN GIVE ADDRESS OR INSTITUTION NAME: 1 X HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☐ HOSP 5 ☐ NUR HOME 6 ☐ OTHER PLACE: 42 Sooter	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): John Sume	16. SOCIAL SECURITY NO: [redacted]	17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Homemaker	19. KIND OF BUSINESS OR INDUSTRY: Own Home	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: 42 Sooter Road	23. CITY/TOWN OR LOCATION: Underwood	24. INSIDE CITY LIMITS? (Yes / No): No	25A. COUNTY: Skamania; 25B. LENGTH OF RES IN CO: 8 yrs; 26. STATE: WA; 27. ZIP CODE: 98651
28. FATHER'S NAME—FIRST, MIDDLE, LAST: Clyde Smith	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Flossie Butts		
30. INFORMANT - NAME: Clyde Sume	31. MAILING ADDRESS STREET OR RFD NO / CITY OR TOWN / STATE / ZIP: 543 Mill River Lane - San Jose, CA 95134		
32. BURIAL CREMATION REMOVAL OTHER (Specify): Burial	33. DATE (Mo. Day. Yr.): DEC 18, 1996	34. CEMETERY/CREMATORY - NAME: White Salmon Cemetery	35. LOCATION - CITY/TOWN, STATE: White Salmon WA
36. FUNERAL DIRECTOR SIGNATURE: X [signature]	37. NAME OF FACILITY: Gardner Funeral Home, Inc.	38. ADDRESS OF FACILITY: 0 210 N MAIN / POB 390 WHITE SALMON, WA 98672	

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

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 [signature]

40. DATE SIGNED (Mo. Day. Yr.): 12-17-96

41. HOUR OF DEATH (24 Hrs.): 1140

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

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. ON THE BASIS OF EXAMINATION 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

44. DATE SIGNED (Mo. Day. Yr.)

45. HOUR OF DEATH (24 Hrs.)

46. PRONOUNCED DEAD (Mo. Day. Yr.)

47. HOUR PRONOUNCED DEAD (24 Hrs.)

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Gregory Zuck, M.D. POB 1519 White Salmon, WA 98672

49. ME/CORONER FILE NUMBER

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. Lung CA		INTERVAL BETWEEN ONSET AND DEATH: 3 months
DUE TO, OR AS A CONSEQUENCE OF: B.		INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF: C.		INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF: D.		INTERVAL BETWEEN ONSET AND DEATH:

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

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. DESCRIBE HOW INJURY OCCURRED.

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

58. PLACE OF INJURY—AT HOME, FARM, BLDG, ETC. (Specify)

59. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

60. RECORD AMENDMENT (Registrar use only): ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE

X [signature]

63. DATE RECEIVED (Mo. Day. Yr.): DEC 18 1996

DOH 01-003 (8/95)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

Gary M. Moore, Skamania County Assessor
Parcel # 3-10-22-1900
Date 1-6-97

Not Official Copy