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BOOK 161 PAGE 874

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

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

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 M. Marsh, Skamania County Assessor
Date 1-10-97 Parcel # 03-10-22-0-0-1900-00

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

90653

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DISTRICT
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HOSPITAL
OCCURRENCE
RESIDENCE
TRACT
OCCUPATION

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME	First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo. Day. Yr.)
	Ruby	Evelyn	SUME	F	DEC 15, 1996

4. AGE LAST BIRTHDAY (Yrs.)	5. UNDER 1 YEAR MOS / DAYS	6. UNDER 1 DAY HOURS / MINS	7. BIRTHDATE (Mo. Day. Yr.)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
76			JUL 28, 1920	Eureka, MT	NO	Skamania

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH - BOX FOR PLACE, THEN GIVE ADDRESS OR INSTITUTION NAME	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Underwood	1 X HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☐ HOSP 5 ☐ NUR HOME 6 ☐ OTHER PLACE — 42 Sooter	No

14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
			Elementary/Secondary (0-12)	College (1-4 or 5+)
Married	John Sume	[redacted]	12	

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify	21. RACE (Specify)
Homemaker	Own Home	NO	White

22. RESIDENCE - NUMBER AND STREET	23. CITY, TOWN OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
42 Sooter Road	Underwood	No	Skamania	8 yrs	WA	98651

28. FATHER'S NAME - FIRST, MIDDLE, LAST	29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME
Clyde Smith	Flossie Butts

30. INFORMANT - NAME	31. MAILING ADDRESS - STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Clyde Sume	543 Mill River Lane - San Jose, CA 95134			

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo. Day. Yr.)	34. CEMETERY/CREMATORY - NAME	35. LOCATION - CITY/TOWN, STATE
Burial	DEC 18, 1996	White Salmon Cemetery	White Salmon WA

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X [illegible]	Gardner Funeral Home, Inc.	0270 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

40. DATE SIGNED (Mo. Day. Yr.)	41. HOUR OF DEATH (24 Hrs.)
12-17-96	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

48. 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.

		INTERVAL BETWEEN ONSET AND DEATH
A.	Lung CA	3 months
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 - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:

52. AUTOPSY? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
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)	58. PLACE OF INJURY - AT HOME, FARM, BLDG, ETC. (Specify)	59. STREET OR RFD NO., CITY/TOWN, STATE
NO		

61. RECORD AMENDMENT (Registrar use only)

ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

62. X [signature] MD

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. Morris, Skamania County Assessor
Date 1-7-97
Parcel # 3-7-22-1900