

128486

BOOK 166 PAGE 510

Return Address:

Herbert Hamblen
PO Box 250
Carson WA 98610

FILED FOR RECORD
SKAMAHIA CO. WASH
BY Herb Hamblen

JUN 25 9 04 AM '97

CLERK
AUDITOR
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein: 1. <i>Death Certificate</i> 2. 3. 4.	
GRANTOR(S) (Last name, first, then first name and initials) 1. <i>Hamblen, Millard B</i> 2. 3. 4. ☐ Additional Names on page _____ of document.	
GRANTEE(S) (Last name, first, then first name and initials) 1. <i>Hamblen, Elsie M.</i> 2. 3. 4. ☐ Additional Names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) ☐ Complete legal on page _____ of document	
REFERENCE NUMBER(S) Of Documents assigned or released: <i>Affidavit of Heirship recorded in Book 65 at Page 860</i> ☐ Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER <i>3-8-29-1-1-1200</i> ☐ Property Tax Parcel ID is not yet assigned. ☐ Additional parcel #'s 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.	

REAL ESTATE EXCISE TAX

18872

JUN 25 1997

PAID *EXEMPT*
WYNNE, Dennis
SKAMAHIA COUNTY TREASURER

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GARY M. OLSON

WASHINGTON STATE DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS
D-2 LOCAL FILE NUMBER 3

BOOK 166 PAGE 511

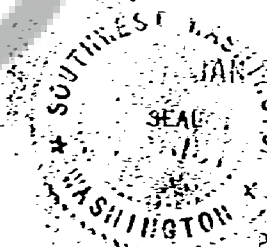
CERTIFICATE OF DEATH

DECEASED - NAME		MILLARD B. Hamblen		DATE OF DEATH - MONTH, DAY, YEAR		January 25, 1973	
RACE - WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		White		AGE - LAST BIRTHDAY (YEARS, MONTHS, DAYS)		60	
CITY, TOWN, OR LOCATION OF DEATH		Carson		DATE OF BIRTH - MONTH, DAY, YEAR		12-8-1912	
STATE OF BIRTH (IF NOT IN U.S.A.)		U.S.A.		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN STREET AND NUMBER)		unincorporated residence - General Delivery	
CITIZEN OF WHAT COUNTRY		U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		married	
SOCIAL SECURITY NUMBER		[REDACTED]		SURVIVING SPOUSE (IF FEMALE, GIVE MARRIED NAME)		Elsie Marie JOHNSON Hamblen	
USUAL RESIDENCE - STATE		Washington		USUAL OCCUPATION - (OVER 15 YEARS OF AGE) (SPECIFY)		confectionery Store owner-operator	
CITY, TOWN, OR LOCATION OF DEATH		Skamania		KIND OF BUSINESS OR INDUSTRY		unincorporated	
FATHER - NAME		Bart C. Hamblen		MOTHER - MARRIED NAME		MILLARD, Lena I. Hamblen	
INFORMANT - NAME		Elsie Marie Hamblen		MARRIAGE ADDRESS		General Delivery - Carson, Washington 98610	
PART I - DEATH WAS CAUSED BY		General Delivery - Carson, Washington 98610					
(a) Cardiac arrest and Cardiomegaly		Approx. 10 minutes					
(b) Hypertensive Cardiovascular disease							
(c)							
PART II - OTHER SIGNIFICANT CONDITIONS		Shunt postoperative hemorrhage					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		Natural C.					
DATE OF INJURY - MONTH, DAY, YEAR		1-25-73					
PLACE OF INJURY AT HOME, PARK, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		Home					
INJURY AT WORK (SPECIFY YES OR NO)		No					
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1B)		Cardiac arrest...					
CERTIFICATION - PHYSICIAN		1-25-73					
CERTIFICATION - CORONER		1-25-73					
CERTIFICATION - DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED		1-25-73					
CERTIFIER - NAME (TYPE OF OFFICE)		EUGENE B. BLIZZARD M.D.					
SIGNATURE		[Signature]					
MARRIAGE ADDRESS		523 Rhode Island Dr. Vancouver, Wash. 98661					
DATE SIGNED (MONTH, DAY, YEAR)		1-26-73					
BURIAL, CREMATION, REMOVAL (SPECIFY)		burial					
CEMETERY OR CREMATORY - NAME		Park Hill Cemetery					
LOCATION		Vancouver, Washington					
DATE		1-30-1973					
FUNERAL HOME - NAME AND ADDRESS		Gardner's Funeral Home - P. O. Box 276 White Salmon, Wa. 98672					
FURNAL DIRECTOR - SIGNATURE		[Signature]					
REGISTRAR - SIGNATURE		[Signature]					
DATE RECEIVED BY LOCAL REGISTRAR		Jan. 30, 1973					

THIS IS TO CERTIFY, that the foregoing is a true copy (photographic) of a record on file with the Southwest Washington Health District, Stevenson, Washington,

[Signature]

Donald A. Champaign, M.D.
District Health Officer



REAL ESTATE EXCISE TAX
18872

PAID Exempt
[Signature]
SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor
Date 1/29/73 Percol # 5-8-29-1-1-1260