129496

FILED FOR RECORD
SKAMANIA CO. WASH
BY Viola H. Johnson
Oct 14 11 14 AM '97
AUDITOR
GARY H. OLSON
BOOK 169 PAGE 921

Return Address:

VIOLA H. JOHNSON
172 NEILSEN ROAD
SKAMANIA WA 98648

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Death Certificate
2.
3.
4.

Signature
Indexed
Indirect
Filmed
Verified

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

1. FRED S. JOHNSON & VIOLA H. JOHNSON
2. "
3.
4.

[ ] Additional Names on page _____ of document.

REAL ESTATE EXCISE TAX
19093
OCT 14 1997
PAID Exempt
DW
SKAMANIA COUNTY TREASURER

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

1. VIOLA H. JOHNSON
2.
3.
4.

[ ] Additional Names on page _____ of document.

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

02-06-34-0-0-0400-00

Gary H. Martin, Skamania County Assessor
Date 10/14/97 Parcel # 2-6-34-400 and

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER (2-6-34-400)

[ ] 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.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

BOOK 168 PAGE 922

TYPE OR PRINT IN PERMANENT BLACK INK

2133
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1 NAME First	Middle	Last	2 SEX (M / F)	3 DEATH DATE (Mo Day Yr)
Fred	Severene	JOHNSON	Male	February 26, 1997

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
83			7/19/1913	Eagle Valley Twnsp. MN.	No	King

11 CITY, TOWN OR LOCATION OF DEATH	12 PLACE OF DEATH—IF BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☐ HOSP 5 ☐ NUR HOME 6 ☐ OTHER PLACE	13 SMOKING IN LAST 15 YEARS? (Yes / No)
Kent	15011 SE 264th St.	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	Viola H. Arp	[redacted]		2

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)
Dryer Tender	Plywood Mill	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
172 Neilsen Road	Skamania	No	Skamania	40Yrs	WA	98648

28 FATHER'S NAME—FIRST, MIDDLE, LAST	29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Alfred Johnson	Sofia Eliason

30 INFORMANT—NAME	31 MAILING ADDRESS STREET OR RFD NO	CITY OR TOWN	STATE	ZIP
Viola Johnson	172 Neilsen Rd.	Skamania	WA	98648

32 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33 DATE (Mo Day Yr)	34 CEMETERY/CREMATORY—NAME	35 LOCATION—CITY/TOWN, STATE
Burial	3/1/1997	Cascade Pioneer Cemetery	North Bonneville, WA

36 FUNERAL DIRECTOR SIGNATURE	37 NAME OF FACILITY	38 ADDRESS OF FACILITY
X C. M. Dierdorff	Straub's Funeral Home	325 NE 3rd Ave Camas, Wa. 98607

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 John Greves M.D.

40 DATE SIGNED (Mo Day Yr) 3/28/97

41 HOUR OF DEATH (24 Hrs) 1845

42 NAME AND TITLE OF ATTENDING PHYSICIAN OR 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)
John Greves, M.D. 700 NE 87th Ave. Vancouver, WA. 98664

49 ME/CORONER FILE NUMBER
NJA785-97

50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A Severe Congestive Heart Failure	Weeks.
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.	DUE TO, OR AS A CONSEQUENCE OF B Recent Myocardial infarction with VSD	Weeks
	DUE TO, OR AS A CONSEQUENCE OF C Atherosclerotic Coronary Artery Disease	Years
	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. Severe COPD

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 HOUR OF INJURY (24 Hrs)	57 DESCRIBE HOW INJURY OCCURRED

58 INJURY AT WORK? (Yes / No)	59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	60 LOCATION—STREET OR RFD NO, CITY/TOWN, STATE

61 RECORD AMENDMENT (Registrar use only) ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE	62 REGISTRAR SIGNATURE	63 DATE RECEIVED (Mo Day Yr)
				X Jon Nelsgaard	FEB 28 1997

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (5.95)

Gary H. Moran, Skagit County Assessor
Date 10/14/97 Parcel # 2-6-34-400

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