129960

BOOK 171 PAGE 548

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

DEC 9 2 24 PM '97
Q Lowry
AUDITOR
GARY M. OLSON

**AFTER RECORDING MAIL TO:**

Name Sharon Corrie

Address 1620 SE Holly Street

City / State Portland, OR 97214

SE 21314

**Document Title(s):** (or transactions contained therein)
1. Death Certificate
2.
3.
4.

*First American Title Insurance Company*
*(this space for title company use only)*

**Reference Number(s) of Documents assigned or released:**

☐ Additional numbers on page _____ of document

**Grantor(s):** (Last name first, then first name and initials)
1. Smith, Juen Cleo
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
19187
DEC - 1997
PAID Exempt
SKAMANIA COUNTY TREASURER

**Grantee(s):** (Last name first, then first name and initials)
1. Corrie, Sharon Rose
2.
3.
4.
5. ☐ Additional names on page _____ of document

**Abbreviated Legal Description as follows:** (i.e. lot/block/plat or section/township/range/quarter/quarter)

Gary H. Martin, Skamania County Assessor
Date 12/9/97 Parcel # 3N-7W-300
CW

☐ Complete legal description is on page _____ of document

**Assessor's Property Tax Parcel / Account Number(s):**

**NOTE:** *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

# CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

I.D. TAG NO. 1824
Local File Number 0C443

BOOK 171 PAGE 549

136-

State File Number

DECEDENT

1. DECEDENT'S NAME: First Juen; Middle Cleo; Last SMITH
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 8, 1997
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE (Last Birthday) (Years): 77
5b. Under 1 Year: Mos / Days
5c. Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Underwood, WA.
7. DATE OF BIRTH (Month, Day, Year): December 27,1919
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☒ Other (Specify) Daughter's Home
9b. FACILITY NAME (If not institution, give street and number): 12775 S.E. Vernie Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Milwaukie
9d. COUNTY OF DEATH: Clackamas
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Computer Operator
10b. KIND OF BUSINESS/INDUSTRY: Retail Industry
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Divorced
12. SPOUSE (If Married, Widowed): _____
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN OR LOCATION: Underwood
13d. STREET AND NUMBER: 442 Larsen Road
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 98651
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify
15. RACE (American Indian, Black, White, etc.) (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): _____

PARENTS

17. FATHER - NAME first middle last: Olaf Christian Larsen
18. MOTHER - NAME first middle maiden: Rose H. Hannah
19. INFORMANT - NAME and relationship to deceased: Sharon Corrie, Daughter

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Wilhelm Crematory
20c. LOCATION - City or Town, State: Portland, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (For Licensee): AF 1554
22. NAME, ADDRESS AND ZIP OF FACILITY: Wilhelm Funeral Home, 6639 S.E. Milwaukie Ave., Portland, Oregon 97202
23. DATE FILED (Month, Day, Year): MAR 11 1997
24. REGISTRAR'S SIGNATURE: Mozelle A Thompson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0345 a.M.
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature]
30. DATE SIGNED (Month, Day, Year): 3/10/97
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Bruce Dana M.D. 5050 N.E. Hoyt #256 Portland, Oregon 97213
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hours): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

CAUSE OF DEATH

CONDITIONS IF ANY - WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest
PART 1 (a): Small cell lung carcinoma — Interval between onset and death: 12 mo.
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
PART 2. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART 1.
37. Did tobacco use contribute to the death? ☒ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR.

DATE ISSUED: MAR 11 1997

Thomas M. Troxel
THOMAS M. TROXEL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

STATE OF OREGON 1859

COUNTY OF CLACKAMAS STATE OF OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE