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FILED FOR RECORD
SKAMANIA CO. WASH
BY Betty Laham
Dec 18 3 18 PM '97
Q Lowry
AUDITOR
GARY H. OLSON

Return Address:

Betty Laham
P O Box 409
North Bonneville, WA 98639

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. Laham, Henry A.
2.
3.
4.

[ ] Additional Names on page _____ of document.

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

1. Laham, Betty
2.
3.
4.

[ ] Additional Names on page _____ of document.

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

Lot 7 Block 4 Relocated North Bonneville

[ ] 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

02-07-19-4-4-0700-00

[ ] 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

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CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEDENT

1 NAME (First / Middle / Last)	2 SEX (M / F)	3 DEATH DATE (Mo. Day. Yr.)
Henry A. LAHAM	Male	Nov. 28, 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
82			4/15/1915	Grand Rapids, MI	Yes	Skamania

11 CITY, TOWN OR LOCATION OF DEATH	12 PLACE OF DEATH (X 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)
North Bonneville	407 Columbia Drive	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	Betty Fisk	[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)
Machinist	Tool & Die	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
407 Columbia Drive	No. Bonneville	Yes	Skamania	31 yrs	WA	98639

PARENT / INFORMANT / FUNERAL DIRECTOR

28 FATHER'S NAME—FIRST, MIDDLE, LAST	29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Abdo - Laham	Marie - Good

30 INFORMANT – NAME	31 MAILING ADDRESS (STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP)
Betty Laham	P.O. Box 409 North Bonneville, WA 98639

32 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33 DATE (Mo. Day. Yr.)	34 CEMETERY/CREMATORY—NAME	35 LOCATION—CITY/TOWN, STATE
Cremation	12-03-97	Win-quatt Crematory	The Dalles, OR

36 FUNERAL DIRECTOR SIGNATURE	37 NAME OF FACILITY	38 ADDRESS OF FACILITY
X K. Dieneky	GARDNER FUNERAL HOME, INC.	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 C Marange MD

40 DATE SIGNED (Mo. Day. Yr.)	41 HOUR OF DEATH (24 Hrs.)
12-1-97	2210

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

43 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
2211 E. Mill Plain Blvd, Vancouver WA 98661

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 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	Unknown terminal event	1915
B	DUE TO, OR AS A CONSEQUENCE OF: Atherosclerotic heart disease	
C	DUE TO, OR AS A CONSEQUENCE OF:	
D	DUE TO, OR AS A CONSEQUENCE OF:	

REAL ESTATE EXCISE TAX
DEC 18 1997
PAID
SKAMANIA COUNTY TREASURER
12/18/97 2-7-19-4-4-700

51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Strokes, congestive heart failure

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, INDUSTRY, 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

63 DATE RECEIVED (Mo. Day. Yr.)
DEC 08 1997

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)
DOH 01-003 (8/95)

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