131036

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FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Janet Smith

APR 2 10 40 AM '98
P Lowry
AUDITOR
GARY M. OLSON

Return Address:
Janet Smith
3571 Loop Rd
Stevenson WA 98648

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. Stacy, Ethel Hildagard
2.
3.
4.
[ ] Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)
1. Smith, Thomas A. etux
2.
3.
4.
[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)
Section 25 T3N R 7½ EWM
[ ] 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
03-75-25-0-0-0300-80
[ ] 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

OFFICE USE ONLY — 1 DISTRICT: M-1 — 2 COPIES: 2 — 3 HOSPITAL — 4 OCCURRENCE — 5 RESIDENCE — 6 SPACE — 7 OCCUPATION — 8. — 9. — 10. — 11. — 12. — 13. — 14. — 15. — 16. — 17. — 18. — 19. — 20. — 21. ACC. LOC. — 22. DURHS — 23. — 24.

TYPE OR PRINT IN PERMANENT BLACK INK

1982
LOCAL FILE NUMBER

Washington State Department of Health

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CERTIFICATE OF DEATH

146 7 39203
STATE FILE NUMBER

1. NAME — First: Ethel	Middle: Hildagard	Last: STACY	2. SEX (M / F): Female	3. DEATH DATE (Mo Day Yr): December 30, 1997					
4. AGE LAST BIRTHDAY (Yrs): 83	5. UNDER 1 YEAR — MOS / DAYS	6. UNDER 1 DAY — HOURS / MINS	7. BIRTHDATE (Mo Day Yr): 7/23/1914	8. BIRTHPLACE (City State or Foreign Country): Tripp, S.D.	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No	10. COUNTY OF DEATH: Clark			
11. CITY, TOWN OR LOCATION OF DEATH: Vancouver	12. PLACE OF DEATH (If box for place then give address or institution name) 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUTPTN 4 ☐ HOSP 5 X NURSING HOME 6 ☐ OTHER PLACE: Cascade Park Care Center					13. STAYED IN LAST 15 YEARS? (Yes / No): No			
14. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widowed	15. SURVIVING SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO.: [redacted]	17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): 12 — College (1-4 or 5+)					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Homemaker	19. KIND OF BUSINESS OR INDUSTRY: Own Home	20. Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No	21. RACE (Specify): White						
22. RESIDENCE - NUMBER AND STREET: 801 SE Park Crest Ave.	23. CITY, TOWN OR LOCATION: Vancouver	24. INSIDE CITY LIMITS? (Yes / No): Yes	25. COUNTY: Clark	25a. LENGTH OF RES IN CO: 62 Yrs	26. STATE: WA	27. ZIP CODE: 93660			
28. FATHER'S NAME - FIRST, MIDDLE, LAST: George G. Busch			29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: Johanna Beopple						
30. INFORMANT - NAME: Beverly Stacy	31. MAILING ADDRESS — STREET OR RFD NO: P.O. Box 464	CITY OR TOWN: Stevenson	STATE: WA	ZIP: 98648					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial	33. DATE (Mo Day Yr): 1/2/1998	34. CEMETERY/CREMATORY - NAME: Fern Prairie Cemetery	35. LOCATION - CITY, TOWN, STATE: Camas, Washington						
36. FUNERAL DIRECTOR SIGNATURE: X [signature]	37. NAME OF FACILITY: Straub's Funeral Home	38. ADDRESS OF FACILITY: 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 [signature] MD

40. DATE SIGNED (Mo. Day Yr): 12-30-97
41. HOUR OF DEATH (24 Hrs): 0610
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): Timothy Ross, MD, 715 S. Andresen Rd., Vancouver, WA 98661
49. ME/CORONER FILE NUMBER:

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. Acute myocardial infarction	10 min.
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. Coronary artery atherosclerotic cardiovascular disease	5 yrs.
	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): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): No

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 ENHANCEMENT (Registrar use only) — ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62. REGISTRAR SIGNATURE: X [signature] MD
63. DATE RECEIVED (Mo. Day Yr): DEC 31 1997

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-003 (Rev 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (8/95)

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT I HAVE COMPARED THE FOREGOING WITH CERTIFIED COPIES OF VITAL STATISTICS DOCUMENTS ON FILE IN THIS OFFICE AND THAT IT IS A TRUE COPY THEREOF.