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132627

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

AUG 25 1 51 PM '98

AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name Clara Jean Smyser

Address 2661 Belle Center Road

City / State Washougal, WA 98671

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. Smyser, Paul D.
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
19726
AUG 25 1998
PAID exempt
By Sonora, Deputy
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. Smyser, Clara Jean
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)

Indexed, Dir
Direct
Filmed
Mailed

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 01-05-07-0-0-0101-00

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.*

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

20
LOCAL FILE NUMBER

Washington State Department of Health

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CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
Paul	Dale	SMYSER	Male	June 8, 1998

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
80 Yrs.			5-9-1918	Wichita, Kansas	Yes	Skamania

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH—☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 ☒ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG ROOM/OUT PT 4 ☐ HOSP. 5 ☐ NURSING HOME 6 ☐ OTHER PLACE	13. SMOKER IN LAST 15 YEARS? (Yes / No)
Washougal	2461 Belle Center Road	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	Clara J. Logsdon	[redacted]	8	

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)
Carpenter	Vanc. Carpenters Union	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
2461 Belle Center Rd.	Washougal	No	Skamania	24 Yrs.	WA	98671

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Glen Dale Smyser	Rhoda Ferris

30. INFORMANT—NAME	31. MAILING ADDRESS STREET OR RFD NO	CITY OR TOWN	STATE	ZIP
Clara J. Smyser	2461 Belle Center Road	Washougal	WA	98671

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Cremation	6-10-1998	Oregon Crematory	Portland, Oregon

36. FUNERAL DIRECTOR, SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X Ron Brown	Brown's Funeral Home	410 N.E. Garfield Street Camas, Washington 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 Susan Bradley, MD

40. DATE SIGNED (Mo., Day, Yr.)	41. HOUR OF DEATH (24 hrs.)
6/9/98	1445

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)
Susan Bradley M.D. 16811 SE McGillivray Vancouver, Washington

49. ME/CORONER FILE NUMBER

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A AS HD - end stage Cardiac dis	
DUE TO, OR AS A CONSEQUENCE OF:	B	
DUE TO, OR AS A CONSEQUENCE OF:	C Gary H. Martin, Skamania County Assessor	
DUE TO, OR AS A CONSEQUENCE OF:	D $810 5-21-98 Parcel # 01e502 000/0/00	

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: D.M. c/c'd Cholecy

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)	STREET OR RFD NO / CITY/TOWN/STATE

61. RECORD AMENDMENT (Registrar use only) ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE

62. REGISTRAR'S SIGNATURE
X Stewart, MD

63. DATE RECEIVED (Mo., Day, Yr.)
6/12/98

DOH 01-003 (8/90)

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

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