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FILED FOR RECORD
SKAMANIA CO. WASH
BY Sharon Harmsen

SEP 18 11 41 AM '98
AUDITOR
GARY M. OLSON

Return Address:

Sharon Harmsen
PO Box 280
Underwood, WA 98651

Please Print or Type Information.

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

REAL ESTATE EXCISE TAX
1978
SEP 18 1998
PAID Exempt
SKAMANIA COUNTY TREASURER

GRANTOR(S) (Last name, first, then first name and initials)
1. Harmsen, Robert William
2.
3.
4.
[ ] Additional Names on page _____ of document.

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

LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)
SE4 Section 21, T3N, R10EWM
[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:
N/A
[ ] Additional numbers on page _____ of document.

Indexed, UC
Indirect
Filmed
Scanned

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
3-10-21-4-300
[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional parcel #'s on page _____ of document.

Gary H. Martin, Skamania County Assessor
Date 9/18/98 Parcel # 3-10-21-4-300

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

TYPE OR PRINT IN PERMANENT BLACK INK

25
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.)
Robert William HARMSEN	M	June 18, 1998

4. AGE LAST BIRTH DAY (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
78			6/6/1920	Philadelphia, PA	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 RM/OUT PTN 4 ☐ HOSP 5 ☐ NUR HOME 6 ☐ OTHER PLACE)	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Underwood	11612 Cook-Underwood 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	Sharon Stevens	[redacted]		5+

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)
Chemical Engineer	Engineering	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
11612 Cook-Underwood	Underwood	No	Skamania	25yrs	WA	98651

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
William Frederick Harmsen	Emma Frieda Weber

30. INFORMANT—NAME	31. MAILING ADDRESS (STREET OR RFD NO / CITY OR TOWN / STATE / ZIP)
Sharon Harmsen	PO Box 280 Underwood, WA 98651

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo. Day. Yr.)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Cremation	6/19/1998	Win-quatt crematory	The Dalles, Oregon

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X R. P. Derrick	Gardner Funeral Home, Inc.	PO Box 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 James Pennington MD

40. DATE SIGNED (Mo. Day. Yr.) 6/19/98

41. HOUR OF DEATH (24 Hrs.) 0300

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

43. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
James Pennington 1021 June Ave. Hood River, OR 97031

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. MCCORONER FILE NUMBER

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

IMMEDIATE CAUSE (Final disease or condition resulting in death)	A	Abdominal Carcinomatosis	INTERVAL BETWEEN ONSET AND DEATH 3 months.
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.	B	DUE TO, OR AS A CONSEQUENCE OF	INTERVAL BETWEEN ONSET AND DEATH
	C	DUE TO, OR AS A CONSEQUENCE OF	INTERVAL BETWEEN ONSET AND DEATH
	D	DUE TO, OR AS A CONSEQUENCE OF	INTERVAL BETWEEN ONSET AND DEATH

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) 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, BLDG., ETC. (Specify)	60. LOCATION	61. RFD NO., CITY/TOWN, STATE
No			

62. RECORD AMENDMENT (Registrar use only)
ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE

62. REGISTRAR SIGNATURE
X

63. DATE RECEIVED (Mo., Day., Yr.) 6/26/98

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-009 (Rev. 7/91) (formerly DSHS 6HB83) (8/95)

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