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FILED FOR RECORD
SKAGIT COUNTY, WASH
BY Nay & Friedenberg
APR 8 11 38 AM '99
Lowry
AUDITOR
GARY H. OLSON

Return Address:
Law Offices of Nay & Friedenberg
6720 S.W. Macadam Avenue, Ste. 200
Portland, OR 97219

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Death Certificate: Norman H. Risjord
2.
3.
4.

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

1. Risjord, Norman H.
2.
3.
4.

[ ] Additional Names on page _____ of document.

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

1. Risjord, Sylvia
2.
3.
4.

[ ] Additional Names on page _____ of document.

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

[ ] 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

[ ] 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 SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

WASHINGTON STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

REG. DIST NO. D-2

CERTIFICATE OF DEATH

STATE FILE NO. 3826
REGISTRAR'S NO. 493

1. PLACE OF DEATH
a. COUNTY: Skamania
b. CITY, TOWN, OR LOCATION: Stevenson (Rural)
c. LENGTH OF STAY IN 1b: Lifetime
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Rudy's Plywood Mill
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Washington
b. COUNTY: Skamania
c. CITY, TOWN, OR LOCATION: Stevenson
d. STREET ADDRESS: Route 1 Box 70
e. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☒
f. IS RESIDENCE ON A FARM? Yes ☐ No ☐

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3. NAME OF DECEASED (Type or print): First NORMAN; Middle H.; Last RISJORD
4. DATE OF DEATH: Month February; Day 11; Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 15, 1913
9. AGE (In years last birthday): 49 — If Under 1 Year: Months / Days; If Under 24 Hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging & Construction
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Stevenson, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
14. MOTHER'S MAIDEN NAME: Anna Fosse
15. FATHER'S NAME: Austin Risjord
16. SOCIAL SECURITY NO.: 534-14-3860
17. INFORMANT: Sylvia Risjord (Wife) — Address: Same 4201

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a):

19. WAS AUTOPSY PERFORMED? Yes ☐ No ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY: Hour, a.m., p.m.; Month, Day, Year
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

MAR 6 1963

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 9:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Patrick J. Dalton Coroner
22b. ADDRESS: Stevenson, Washington
22c. DATE SIGNED: Feb. 13, 1963
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/15/63
23c. NAME OF CEMETERY OR CREMATORY: Park Hill Cemetery
23d. LOCATION (City, town, or county) (State): Vancouver, Washington
24. FUNERAL DIRECTOR — ADDRESS: Hamilton-Mylan F.H. — Vancouver, Wash.
25. DATE RECD BY LOCAL REG.: February 13,1963
26. REGISTRAR'S SIGNATURE: Maphine M. Ramsey

B. F. No. 7724—7-61—75M. 68011.

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OF VITAL RECORDS

JUL 24 1985

DO NOT DESTROY
Loss of seal is a fe

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL