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SKAMANIA CO. WASH
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MAY 25 9 26 AM '99
J. Moser
AUDITOR
GARY N. OLSON

AFTER RECORDING MAIL TO:
Name Donald Kane
Address 411-108th Ave NE Suite 1800
City / State Bellevue, WA 98004

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

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

First American Title Insurance Company

(this space for title company use only)

Grantor(s): (Last name first, then first name and initials)
1. Shepeard, Rose Hanna
2.
3.
4.
5. ☐ Additional names on page _____ of document

Recorded, Indexed, Indirect, Filmed, Mailed

Grantee(s): (Last name first, then first name and initials)
1. Public
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)

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

WA-1

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

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Washington State Department of Health

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LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1 NAME First	Middle	Last	2 SEX (M / F)	3 DEATH DATE (Mo Day Yr)
Rose	Hanna	SHEPEARD	Female	July 17, 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
100			[redacted]	The Dalles, OR	No	Klickitat

11 CITY, TOWN OR LOCATION OF DEATH	12 PLACE OF DEATH—DO NOT USE PO 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)
White Salmon	Skyline Hospital X	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+)
Widowed		[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)
Homemaker	Own Home	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
729 Henderson	Hood River	No	Hood River	1 yr.	OR	97031

28 FATHER'S NAME—FIRST, MIDDLE, LAST	29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Joseph Lane Hanna	Lilly - Perry

30 INFORMANT—NAME	31 MAILING ADDRESS STREET OR RFD NO	CITY OR TOWN	STATE	ZIP
Sharon R. Corrie	12775 SE Vernie	Milwaukie,	OR	97222

32 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33 DATE (Mo Day Yr)	34 CEMETERY/CREMATORY—NAME	35 LOCATION—CITY/TOWN, STATE
Burial	7/28/1998	Chris Zada Cemetery	Underwood, WA

36 FUNERAL DIRECTOR SIGNATURE	37 NAME OF FACILITY	38 ADDRESS OF FACILITY
X K. P. Shinick	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 Kimberly K Stutzman

40 DATE SIGNED (Mo, Day, Yr) 7/21/98

41 HOUR OF DEATH (24 Hrs) 2120

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)
Kimberly Stutzman, M.D. POB 1519 White Salmon, WA 98672

49 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	A Pneumonia	INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	DUE TO, OR AS A CONSEQUENCE OF B	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF C	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF D	INTERVAL BETWEEN ONSET AND DEATH

51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE
Adenocarcinoma, ASCVD

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

62 REGISTRAR SIGNATURE
X B Jahn MD

63 DATE RECEIVED (Mo, Day, Yr) JUL 22 1998

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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