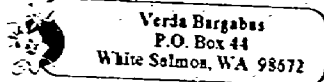


135948

BOOK 192 PAGE 151

RETURN ADDRESS:



Verda Bargabus
Aug 5 4 42 PM '99
O'Lowry
GARY H. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. ^{Ruth} Ruth O. Leighton DEATH CERTIFICATE
2. _____
3. _____
4. _____

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

1. Leighton, Ruth Olive
2. _____
3. _____
4. _____

☐ Additional Names on Page _____ of Document.

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

1. THE PUBLIC
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 Document 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 Numbers 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.

CERTIFICATION OF VITAL RECORD

BOOK 192 PAGE 152

1. SEX OF DECEASED
PERMANENT
BLACK/XX

263421
TO TAG NO

5076-99
LOCAL FILE NUMBER

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEASED'S NAME Ruth Olive LEIGHTON		2. SEX F		3. DATE OF DEATH June 7, 1999	
4. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE LAST BIRTHDAY 91		6. PLACE OF BIRTH Gravely, IA	
7. PLACE OF DEATH Hood River Memorial Hospital		8. CITY/TOWN OR LOCATION OF DEATH Hood River		9. COUNTY OF DEATH Hood River	
10. DECEASED'S USARV STATUS [REDACTED]		11. MARITAL STATUS Widowed		12. DATE OF MARRIAGE Sept. 4, 1907	
13. DECEASED'S USUAL OCCUPATION Homemaker		14. TYPE OF BUSINESS/INDUSTRY Own Home		15. DECEASED'S EDUCATION High School Graduate	
16. RESIDENCE - STATE Washington		17. RESIDENCE - COUNTY Skamania		18. RESIDENCE - CITY/TOWN OR LOCATION Cook	
19. RESIDENCE - ZIP CODE 98605		20. DECEASED'S RACE White		21. DECEASED'S SEX Female	
22. FATHER'S NAME Elmer - Dutton		23. MOTHER'S NAME Cora E. Hamblin		24. DECEASED'S NAME AND SURNAME IN DECEASED Verda Bargabus - Daughter	
25. METHOD OF DISPOSITION Burial		26. PLACE OF DISPOSITION Win-quatt Crematory		27. LOCATION - City or Town State The Dalles, Oregon	
28. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		29. OREGON LICENSE NO. 1961 (WA)		30. HOME ADDRESS AND ZIP OF FACILITY Gardner Funeral Home POB 390 White Salmon, WA 98672	
31. DATE FILED June 8, 1999		32. REGISTRAR'S SIGNATURE Dorothy A. O'Dell		33. RESERVED FOR REGISTRAR'S USE	

34. TIME OF DEATH 1:20 PM		35. DATE OF DEATH June 7, 1999	
36. DATE OF DEATH June 7, 1999		37. DATE OF DEATH June 7, 1999	
38. NAME, TITLE AND ADDRESS AND ZIP OF CERTIFYING PHYSICIAN Gary Regalbuto, M.D. 1410 May St. Hood River, OR 97031		39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
40. PART I - CAUSE OF DEATH 1. IMMEDIATE CAUSE Hip Fracture		41. PART II - UNDERLYING CAUSE [REDACTED]	
42. PART III - OTHER SIGNIFICANT CONDITIONS [REDACTED]		43. PART IV - MANNER OF DEATH Natural	
44. PART V - MANNER OF DEATH Natural		45. PART VI - MANNER OF DEATH Natural	
46. PART VII - MANNER OF DEATH Natural		47. PART VIII - MANNER OF DEATH Natural	

ORIGINAL-VITAL STATISTICS COPY

452 Rev. 10/97

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.

DATE ISSUED: JUN 08 1999 COUNTY: OREGON

Dorothy A. O'Dell
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

