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FILED FOR RECORD AT REQUEST OF
Verda Bargabus
AUG 8 4 02 PM '88
O Lowry
AUDITOR
GARFIELD COUNTY, WASHINGTON

RETURN ADDRESS:

Verda Bargabus
P.O. Box 44
White Salmon, WA 98672

Please Print or Type Information.

Document Title(s) or transactions contained therein:
1. 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.

JW

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

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283421 ID TAG NO

076-99 Local File Number

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

State File Number

DECEDENT

1 DECEDENT'S NAME: Ruth Olive LEIGHTON
2 SEX: F
3 DATE OF DEATH: June 7, 1999
4 SOCIAL SECURITY NUMBER: [redacted]
5a AGE-Last Birthday: 91
5b If UNDER 1 Year: Mos. Days
5c If UNDER 1 Day: Hours Min.
6 BIRTHPLACE: Gravity, IA
7 DATE OF BIRTH: Sept. 5, 1907
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9 PLACE OF DEATH: ☒ Hospital ☐ Dead on Arrival ☐ Nursing Home ☐ Other
10 FACILITY NAME: Hood River Memorial Hospital
11 CITY, TOWN OR LOCATION OF DEATH: Hood River
12 COUNTY OF DEATH: Hood River
13a DECEDENT'S USUAL OCCUPATION: Homemaker
13b KIND OF BUSINESS/INDUSTRY: Own Home
14 MARITAL STATUS: Widowed
15 SPOUSE: Lowell Leighton
16a RESIDENCE - STATE: Washington
16b COUNTY: Skamania
16c CITY, TOWN OR LOCATION: Cook
16d STREET AND NUMBER: 4841 Cook Underwood Rd.
16e INSIDE CITY LIMITS? ☐ Yes ☐ No
16f ZIP CODE: 98605
17 WAS DECEDENT OF HISPANIC ORIGIN? ☐ Yes ☒ No ☐ Yes
18 RACE: White
19 DECEDENT'S EDUCATION: 12

PARENTS

20 FATHER - NAME: Elmer - Dutton
21 MOTHER - NAME: Cora E. Hamblin
22 INFORMANT - NAME: Verda Bargabus - Daughter

DISPOSITION

23a METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)
23b PLACE OF DISPOSITION: Wm. Quatt Crematory
23c LOCATION: The Dalles, Oregon

REGISTRAR

24a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
24b OREGON LICENSE NO: 1961 (WA)
24c NAME, ADDRESS AND ZIP OF FACILITY: Gardner Funeral Home POB 390 White Salmon, WA 98672
24d DATE FILED: June 8, 1999
24e REGISTRAR'S SIGNATURE: Dorothy A. O'Dell
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

25 TIME OF DEATH: 1:20 p
26 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
27 [signature]
28 DATE SIGNED: 6/8/99
29 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Type or Print): Gary Regalbuto, M.D. 1410 May St. Hood River, OR 97031
30 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

31 PART I (a) Pneumonia
(b) DUE TO, OR AS A CONSEQUENCE OF: Hip Fracture
(c) DUE TO, OR AS A CONSEQUENCE OF:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Dem
32 DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ No ☐ Possibly
33 AUTOPSY? ☐ Yes ☒ No
34 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ Yes ☐ No ☐ N/A
35 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined ☐ Could not be determined ☐ Legal Intervention
36a DATE OF INJURY
36b TIME OF INJURY
36c INJURY AT WORK? ☐ Yes ☐ No
36d DESCRIBE HOW INJURY OCCURRED
36e PLACE OF INJURY - At Home, Farm, Street, Factory, Office Building, etc. (Specify)
36f LOCATION - City or Town, State
RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 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

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

HOOD RIVER COUNTY OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE