136005

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FILED FOR RECORD
SKAMANIA CO. WASH
BY Kielpinski & Woodrich
Aug 13 4 16 PM '99
P Lowry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Kielpinski & Woodrich
P.O. Box 510
Stevenson WA 98648
(509) 427-5665

Document Title(s) or transactions contained therein:

Death Certificate

Grantor(s): [Last name first, then first name and initials]

Emmett J. Smith

Grantee(s): [Last name first, then first name and initials]

Mary E. Smith

Abbreviated Legal Description: [i.e., lot/block/plat or sec/twp/range/¼/¼]

Lot 16, Block 1, Woodward Marina Estates

Reference Number(s) of Documents Assigned or Released: [Bk/Pg/Aud#]

Book A, Pages 114 and 115, Auditor's No. 60610

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

02 06 34 14 5500 00

8-13-99 2-6-34-1-4-5500

Registered
Indexed, Dir
Indirect
Filmed
Mailed

CERTIFICATION OF VITAL RECORD

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TYPE OR PRINT IN PERMANENT BLACK INK

264140

1Q TAG NO 00904

Local File Number

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

136-

State File Number

- 1. DECEDENT'S NAME (First, Middle, Last): Emmett SMITH
- 2. SEX: M
- 3. DATE OF DEATH (Month, Day, Year): May 13, 1999
- 4. SOCIAL SECURITY NUMBER: [redacted]
- 5a. AGE-Last Birthday (Years): 85
- 5b. Under 1 Year: Mos / Days
- 5c. Under 1 Day: Hours / Mins
- 6. BIRTHPLACE (City and State or Foreign Country): Farley Iowa
- 7. DATE OF BIRTH (Month, Day, Year): October 16, 1913
- 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
- 9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
- 9b. FACILITY NAME (If not institution, give street and number): Kaiser Sunnyside Medical Center
- 9c. CITY, TOWN OR LOCATION OF DEATH: Clackamas
- 9d. COUNTY OF DEATH: Clackamas
- 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Supervisor
- 10b. KIND OF BUSINESS/INDUSTRY: Sheet Metal Industry
- 11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
- 12. SPOUSE (If wife, give maiden name): Mary
- 13a. RESIDENCE - STATE: WA
- 13b. COUNTY: Skamania
- 13c. CITY, TOWN OR LOCATION: Stevenson
- 13d. STREET AND NUMBER: 632 Skamania Landing Road
- 13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
- 13f. ZIP CODE: 98648
- 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
- 15. RACE (American Indian, Black, White, etc. (Specify)): White
- 16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) / College (1-4 or 5+)
- 17. FATHER NAME (First, Middle, Last): Joseph Smith
- 18. MOTHER - NAME (First, Middle, Maiden): Mary Alice Riley
- 19. INFORMANT - NAME and relationship to deceased: Mary Smith - Spouse
- 20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Mausoleum ☐ Donation ☐ Other (Specify)
- 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Forest Lawn Memorial Park
- 20c. LOCATION - City or Town, State: Gresham, Oregon
- 21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
- 21b. OREGON LICENSE NO (Of Licensee): C01644
- 22. NAME, ADDRESS AND ZIP OF FACILITY: Bateman Carroll Funeral Chapel, 520 W. Powell Blvd, Gresham, OR 97030
- 23. DATE FILED (Month, Day, Year): MAY 24 1999
- 24. REGISTRAR'S SIGNATURE: Mozelle A. Thompson

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

- 27. TIME OF DEATH: 0225
- 28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
- 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature] M.D.
- 30. DATE SIGNED (Month, Day, Year): 5/17/99
- 31a. TIME OF DEATH
- 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
- 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
- 33. DATE SIGNED (Month, Day, Year) — COUNTY
- 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): George Feldman MD 10180 SE Sunnyside Rd Clackamas Oregon 97015
- 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
- 36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest

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

PART I
- (a) PNEUMONIA — Interval between onset and death: 1 week
- DUE TO OR AS A CONSEQUENCE OF (b) MULTIPLE STROKES
- DUE TO OR AS A CONSEQUENCE OF (c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: SEIZURES

- 37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
- 38. AUTOPSY? ☐ Yes ☒ No
- 39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
- 40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
- 41a. DATE OF INJURY (Month, Day, Year)
- 41b. TIME OF INJURY
- 41c. INJURY AT WORK? ☐ Yes ☐ No
- 41d. DESCRIBE HOW INJURY OCCURRED
- 41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
- 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

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

DATE ISSUED: MAY 24 1999

[signature]
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

STATE OF OREGON 1859

COUNTY OF CLACKAMAS STATE OF OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE