136879

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RETURN ADDRESS:

Wayne Ferren
P.O. Box 733
Carson, WA 98610

Wayne Ferren
May 22 11 51 AM '99
Mrosser
CLERK
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Certificate of Death
2.
3.
4.

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

1. Ferren, Lavina Eldora
2.
3.
4.

☐ Additional Names on Page _____ of Document.

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

1. Public, The
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.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY

TYPE OR PRINT in PERMANENT BLACK INK

1762
LOCAL FILE NUMBER

Department of Health

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CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1. NAME — First: Lavina	Middle: Eldora	Last: FERREN	2. SEX (M, F): Female	3. DEATH DATE (Mo., Day, Yr.): November 7, 1999			
4. AGE LAST BIRTHDAY (Yrs.): 89	5. UNDER 1 YEAR — MOS. / DAYS	6. UNDER 1 DAY — HOURS / MINS.	7. BIRTHDATE (Mo., Day, Yr.): 08-11-1910	8. BIRTHPLACE (City, State or Foreign Country): Fayetville, AR.	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No	10. COUNTY OF DEATH: Clark	
11. CITY, TOWN OR LOCATION OF DEATH: Camas	12. PLACE OF DEATH — 1 ☐ HOME 2 ☐ TRANSPORT 3 ☐ EMERG. FACILITY 4 ☐ HOSP. 5 ☒ NF-HOME 6 ☐ OTHER PLACE: Highland Terrace					13. SMOKING IN LAST 15 YEARS? (Yes / No): Yes	
14. MARITAL STATUS — Married, Never Married, (Widowed, Divorced (Specify): Widowed	15. SURVIVING SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO: 540-30-1837	17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): 8th — College (1-4 or 5+)			
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Housemaker	19. KIND OF BUSINESS OR INDUSTRY: Own Home	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify): Caucasian			
22. RESIDENCE — NUMBER AND STREET: 1851 Metzger Road #5	23. CITY, TOWN, OR LOCATION: Carson	24. INSIDE CITY LIMITS? (Yes / No): Yes	25A. COUNTY: Skamania	25B. LENGTH OF RES. IN CO.: 43yrs	26. STATE: Wash	27. ZIP CODE: 98610	
28. FATHER'S NAME — FIRST, MIDDLE, LAST: Edwin Durbin		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Lavina Jane Simmons					
30. INFORMANT — NAME: Wayne ferren (Son)	31. MAILING ADDRESS — STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP: 1851 Metzger Rd. #5, Carson, Washington 98610						
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation	33. DATE (Mo., Day, Yr.): 11-09-1999	34. CEMETERY/CREMATORY — NAME: Willamette Crematory		35. LOCATION — CITY, TOWN, STATE: Tigard, Oregon			
36. FUNERAL DIRECTOR SIGNATURE: X [signature]		37. NAME OF FACILITY: Davies Cremation & Burial Svc.		38. ADDRESS OF FACILITY: Box 61747, Vancouver, WA98666			

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 & TITLE: X [signature]
40. DATE SIGNED (Mo., Day, Yr.): 11-09-99
41. HOUR OF DEATH (24 Hrs.): 2000
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): Timothy t. Ross MD, 715 Andressen Rd, Vancouver, Washington 98663
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.

		INTERVAL BETWEEN ONSET AND DEATH
A.	Complications of congestive heart failure	3 months
B. DUE TO, OR AS A CONSEQUENCE OF:	Volvular heart disease	10 yrs.
C. DUE TO, OR AS A CONSEQUENCE OF:		
D. DUE TO, OR AS A CONSEQUENCE OF:		

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: Atrial fibrillation
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. DESCRIBE HOW INJURY OCCURRED
57. INJURY AT WORK? (Yes / No)
58. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)
59. LOCATION — STREET OR RFD NO., CITY, TOWN, STATE
61. RECORD AMENDMENT (Registrar use only) — ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62. REGISTRAR SIGNATURE: Karen R. Steingart, MD
63. DATE RECEIVED (Mo., Day, Yr.): NOV 09 1999

DOH 64-003 (5-98)

THIS CERTIFICATE RECORDED IN ACCORDANCE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL