137248

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FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Dunn Toole Coats et al
JAN 21 4 43 PM '00
P Lowry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name: Dunn, Toole, Carter & Sosnkowski, LLP
Address: 112 W. 4th Street
The Dalles, OR 97058

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

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page n/a of document

Grantor(s): (Last name first, then first name and initials)
1. Kelly, Olga R.
2.
3.
4.
5. ☐ Additional names on page n/a of document

Grantee(s): (Last name first, then first name and initials)
1.
2.
3.
4.
5. ☐ Additional names on page n/a of documents

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

None

☐ Complete legal description on page n/a of document

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

None

N A
REAL ESTATE EXCISE TAX

N A
JAN 2 1 2000

PAID N A
JW
SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor
Date 1-21-2000 Parcel # 03 07 14 30 12 00 00
JW

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.

CERTIFICATION OF VITAL RECORD

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TYPE OR PRINT IN PERMANENT BLACK INK

283436 I.D. TAG NO.

257 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): Olga R. KELLY

2. SEX: F

3. DATE OF DEATH (Month, Day, Year): Sept. 2, 1999

4. SOCIAL SECURITY NUMBER: [redacted]

5a. AGE-Last Birthday (Years): 95

6. BIRTHPLACE (City and State or Foreign Country): Underwood, WA

7. DATE OF BIRTH (Month, Day, Year): 5/18/1904

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ No

9a. PLACE OF DEATH: OTHER ☒ Nursing Home

9b. FACILITY NAME: Columbia Basin Nursing Home

9c. CITY, TOWN, OR LOCATION OF DEATH: The Dalles

9d. COUNTY OF DEATH: Wasco

10a. DECEDENT'S USUAL OCCUPATION: Homemaker

10b. KIND OF BUSINESS/INDUSTRY: Own Home

11. MARITAL STATUS: Widowed

12. SPOUSE: William J. Kelly

13a. RESIDENCE - STATE: Washington

13b. COUNTY: Skamania

13c. CITY, TOWN OR LOCATION: Cook

13d. STREET AND NUMBER: 51 Bunker Key Road

13e. INSIDE CITY LIMITS?: ☒ No

13f. ZIP CODE: 98605

14. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No

15. RACE: White

16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 8

17. FATHER - NAME: Emil - Walther

18. MOTHER - NAME: Rosa - Holtzer

19a. INFORMANT - NAME and relationship to deceased: Greg Kock - Nephew

20a. METHOD OF DISPOSITION: ☒ Burial

20b. PLACE OF DISPOSITION: White Salmon Cemetery

20c. LOCATION: White Salmon, Wash.

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE: [signature]

21b. LICENSE NO.: 1961 (WA)

22. NAME AND ADDRESS OF FACILITY: Gardner Funeral Home POB 390 White Salmon, WA 98672

23. DATE FILED: September 15, 1999

REGISTRAR: Paula Richmond, Registrar

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

25. TIME OF DEATH: 12:30 P

26. WAS MEDICAL EXAMINER NOTIFIED?: ☐ Yes ☒ No [redacted]

27a. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner as stated. (Signature) [signature]

27b. DATE SIGNED: 9/3/99

28a. TIME OF DEATH

28b. DATE PRONOUNCED DEAD (Month, Day, Year)

28c. 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)

28d. DATE SIGNED (Month, Day, Year)

COUNTY

29. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: Thomas Nichol, M.D. 1825 E. 19th Suite #3 The Dalles, OR 97058

30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

31. [redacted]

PART I (a) Dysphagia [illegible] — Interval between onset and death: days

DUE TO, OR AS A CONSEQUENCE OF: (b)

DUE TO, OR AS A CONSEQUENCE OF: (c)

PART II OTHER SIGNIFICANT CONDITIONS: Hip fracture, left [illegible] fracture, chronic [illegible] fibrosis

32. DID TOBACCO USE CONTRIBUTE TO DEATH?

33. AUTOPSY: ☐ Yes ☒ No

34. IF YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

35. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other

41a. DATE OF INJURY — 41b. TIME OF INJURY — 41c. INJURY AT WORK? ☐ Yes ☐ No — 41d. DESCRIBE HOW INJURY OCCURRED

41e. PLACE OF INJURY — 41f. LOCATION

[redacted]

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