

137248

BOOK 196 PAGE 190

FILED
SKAMIA
BY *Dunn Toole Coats et al*
JAN 21 4 43 PM '00
G. H. Olson
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

Gary H. Martin, Skamania County Assessor

Date 1-21-2000 Parcel # 0309430120000

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

BOOK 196 PAGE 191

283436
257

283436 TAG NO.
257 Local File Number

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

130

State File Number

1. DECEASED'S NAME: **Olga R. KELLY** 2. SEX: **F** 3. DATE OF DEATH (Month, Day, Year): **Sept. 2, 1999**

4. SOCIAL SECURITY NUMBER: **95** 5. 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. TIME DECEASED EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No 9. PLACE OF DEATH (Check only one): ☒ Hospital ☐ Inpatient ☐ Outpatient ☐ OOA ☐ Other (Specify):

10. FACILITY NAME (if not institution, give street and number): **Columbia Basin Nursing Home** 11. CITY, TOWN, OR LOCATION OF DEATH: **The Dalles** 12. COUNTY OF DEATH: **Wasco**

13. DECEASED'S USUAL OCCUPATION (Give that of work done during most of working life. Do not use retired.): **Homemaker** 14. KIND OF BUSINESS/INDUSTRY: **Own Home** 15. DECEASED'S STATUS: ☒ Married ☐ Single ☐ Divorced (Specify): **Widowed** 16. SPOUSE (if married, widowed, divorced (Specify): **William J. Kelly**

17. RESIDENCE - STATE: **Washington** 18. COUNTY: **Skamania** 19. CITY, TOWN OR LOCATION: **Cook** 20. STREET AND NUMBER: **51 Bunker Key Road**

21. ZIP CODE: **98605** 22. WAS DECEASED OF HISPANIC ORIGIN? (Specify file to file - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No 23. RACE (Specify): **White** 24. DECEASED'S EDUCATION (Specify only highest grade completed): **Elementary/Secondary (8-12)** 25. College (1-4 or 5+): **8**

26. DECEASED'S SIGNATURE: **Emil - Walther** 27. SIGNATURE OF DECEASED: **Rosa - Holtzer** 28. SIGNATURE OF WITNESS: **Greg Kock - Nephew**

29. SIGNATURE OF PHYSICIAN: **Thomas Nichol, M.D.** 30. SIGNATURE OF REGISTRAR: **Paula Richmond, Registrar**

31. DATE FILLED: **September 15, 1999** 32. DATE OF DEATH: **1961 (WA)** 33. DATE OF BIRTH: **1904 (WA)** 34. DATE OF DEATH: **1999 (WA)** 35. DATE OF BIRTH: **1904 (WA)**

11. TIME OF DEATH: **12:30 P.M.** 12. DATE OF DEATH: **Sept 2, 1999**

13. TO BE COMPLETED BY CERTIFYING PHYSICIAN

14. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): **Thomas Nichol, M.D. 1825 E. 19th Suite #3 The Dalles, OR 97058**

15. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING (Type or Print): **David M. Williams**

16. PART I: CAUSE OF DEATH

17. PART II: OTHER SIGNIFICANT CONDITIONS

18. PART III: MANNER OF DEATH

19. PART IV: PLACE OF DEATH

20. PART V: LOCATION

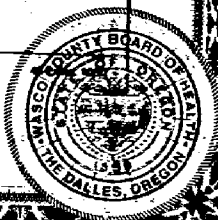


THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE WASCO COUNTY REGISTRAR.

SEP 15 1999

DATE ISSUED

Paula D. Richmond
COUNTY REGISTRAR
WASCO COUNTY, OREGON



THIS COPY NOT VALID WITHOUT NAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE