137273

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FILED FOR RECORD
SKAMANIA CO. TITLE
JAN 25 3 48 PM '00
GARY H. OLSON

AFTER RECORDING MAIL TO:
Name Patricia Jones
Address Box 954
City / State 333 Vancouver Ave
Stevenson WA 98648

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 _____ of document

Grantor(s): (Last name first, then first name and initials)
1. Jones Joseph Wilson
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. Jones Patricia
2.
3.
4.
5. ☐ Additional names on page _____ of document

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

☐ Complete legal description is on page _____ of document

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

First American Title Insurance Company

(this space for title company use only)

Gary H. Martin, Skamania County Assessor
Date 1/25/2000 Parcel # 2-7-1-1-1-3701
Lots 31 & 32 Blk 7 and

WA-1

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.*

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

40
LOCAL FILE NUMBER

Health

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CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1 NAME First: Joseph Middle: Wilson Last: JONES Sr.
2 SEX (M/F): Male
3 DEATH DATE (Mo Day Yr): 12-09-1997
4 AGE LAST BIRTHDAY: 66
5 UNDER 1 YEAR MOS DAYS
6 UNDER 1 DAY HOURS MINS
7 BIRTHDATE (Mo Day Yr): 01-22-1931
8 BIRTHPLACE (City, State or Foreign Country): St. Louis MO
9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): Yes
10 COUNTY OF DEATH: Skamania
11 CITY, TOWN OR LOCATION OF DEATH: Stevenson
12 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: X HOME; 333 Vancouver Avenue
13 SMOKING IN LAST 15 YEARS? (Yes/No): Yes
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
15 SURVIVING SPOUSE (If wife, give maiden name): Patricia A. Adams
16 SOCIAL SECURITY NO: [redacted]
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Hard Hat Diver
19 KIND OF BUSINESS OR INDUSTRY: Underwater Construction
20 Was Decedent of Hispanic origin or descent? (Yes/No) Specify: No
21 RACE (Specify): White
22 RESIDENCE - NUMBER AND STREET: 333 Vancouver Avenue
23 CITY/TOWN OR LOCATION: Stevenson
24 INSIDE CITY LIMITS? (Yes/No): Yes
25A COUNTY: Skamania
25B LENGTH OF RESIDENCE: 2 Yrs
26 STATE: WA
27 ZIP CODE: 98648
28 FATHER'S NAME - FIRST, MIDDLE, LAST: Gordon G. Jones
29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: Ruth M. Earney
30 INFORMANT - NAME: Joseph W. Jones Jr., Son
31 MAILING ADDRESS: P. O. Box 954, Stevenson, WA 98648
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33 DATE (Mo Day Yr): 12-15-1997
34 CEMETERY/CREMATORY - NAME: Sunset Hills Memorial Park
35 LOCATION - CITY/TOWN, STATE: Portland, Oregon
36 FUNERAL DIRECTOR SIGNATURE: [signature]
37 NAME OF FACILITY: Finley-Sunset Hills Mortuary
38 ADDRESS OF FACILITY: Portland, Oregon

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 AND TITLE: X [signature] MD
40 DATE SIGNED (Mo Day Yr): 12/11/97
41 HOUR OF DEATH (24 Hrs): 0500
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): Matthew Zukowski, MD, 19500 SE Stark Street, Portland OR 97233
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.

A: METASTATIC COLON CANCER — INTERVAL BETWEEN ONSET AND DEATH:
B: DUE TO, OR AS A CONSEQUENCE OF — INTERVAL BETWEEN ONSET AND DEATH:
C: DUE TO, OR AS A CONSEQUENCE OF — INTERVAL BETWEEN ONSET AND DEATH:
D: DUE TO, OR AS A CONSEQUENCE OF — INTERVAL BETWEEN ONSET AND DEATH:

51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:
52 AUTOPSY? (Yes/No): No
53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): Yes
54 ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST (Specify):
55 INJURY DATE (Mo Day Yr):
56 HOUR OF INJURY (24 Hrs):
57 DESCRIBE HOW INJURY OCCURRED:
58 INJURY AT WORK? (Yes/No): NO
59 PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify):
60 LOCATION - STREET OR RFD NO, CITY/TOWN, STATE:
61 RECORD AMENDMENT (Registrar use only) ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62 REGISTRAR: X [signature]
63 DATE RECEIVED (Mo Day Yr): December 12, 1997

THE SEAL OF THE STATE OF WASHINGTON 1889

FOR INSTRUCTIONS SEE BACK AND HANDBOOK
DOH (01-005) (8/95)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE IN THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL