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FILED FOR RECORD AT REQUEST OF
Kielpinski & Woodrich
AUG 16 4 52 PM '00
P Lowry
GARY H. OLSON

AFTER RECORDING MAIL TO:

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

REAL ESTATE EXCISE TAX
20999
AUG 17 2000
PAID
SKAMANIA COUNTY TREASURER

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

Grantor(s): [Last name first, then first name and initials]
1. Archer, James

☐ Additional names on page _____ of document

Grantee(s): [Last name first, then first name and initials]
1. Public
Lucille V. Archer aka Velma L. Archer
☐ Additional names on page _____ of document

Abbreviated Legal Description: [i.e., lot/block/plat or sec/twp/range/¼/¼]
Gary H. Martin, Skamania County Assessor
Date 9/16/00 Parcel # 3-7-36-2-1-1400

☐ Complete legal description is on page _____ of document

Reference Number(s) of Documents Assigned or Released: [Bk/Pg/Aud#]
BK 71 Pg 838

☐ Additional numbers on page _____ of document

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

☐ Property Tax Parcel ID is not yet assigned

Unofficial Document

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY
DISTRICT D-2

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER: 13

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Health

CERTIFICATE OF DEATH

STATE FILE NUMBER: 146

Field	Entry
1. NAME (First, Middle, Last)	James Jackson ARCHER
2. SEX (M/F)	Male
3. DEATH DATE (Mo, Day, Yr)	May 18, 2000
4. AGE LAST BIRTHDAY (Yrs)	80
5. UNDER 1 YEAR (MOS, DAYS)	
6. UNDER 1 DAY (HOURS, MINS)	
7. BIRTHDATE (Mo, Day, Yr)	6/16/1919
8. BIRTHPLACE (City, State or Foreign Country)	Vancouver, WA
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	No
10. COUNTY OF DEATH	Skamania
11. CITY, TOWN, OR LOCATION OF DEATH	Stevenson
12. PLACE OF DEATH (Home / In transport / Emerg room/outpt / Hosp / Nursing home / Other place)	290 Willard Street
13. SMOKING IN LAST 15 YEARS? (Yes/No)	No
14. MARITAL STATUS (Married, Never Married, Widowed, Divorced)	Married
15. SURVIVING SPOUSE (If wife, give maiden name)	Lucille V. Lutz
16. SOCIAL SECURITY NO.	[redacted]
17. DECEDENT'S EDUCATION (Elementary/Secondary (0-12) / College (1-4 or 5+))	8
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	Fireman
19. KIND OF BUSINESS OR INDUSTRY	Sawmill
20. Was Decedent of Hispanic origin or descent? (Yes/No)	No
21. RACE (Specify)	White
22. RESIDENCE – NUMBER AND STREET	290 Willard Street
23. CITY/TOWN, OR LOCATION	Stevenson
24. INSIDE CITY LIMITS? (Yes/No)	Yes
25A. COUNTY	Skamania
25B. LENGTH OF RES IN CO	80yrs
26. STATE	WA
27. ZIP CODE	98648
28. FATHER'S NAME – FIRST, MIDDLE, LAST	Charles C. Archer
29. MOTHER'S NAME – FIRST, MIDDLE, MAIDEN SURNAME	Edith Green
30. INFORMANT – NAME	Lucille Archer
31. MAILING ADDRESS (Street or RFD No., City or Town, State, Zip)	P.O. Box 14 Stevenson, WA 98648
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	Cremation
33. DATE (Mo, Day, Yr)	5/19/2000
34. CEMETERY/CREMATORY – NAME	Win-quatt Crematory
35. LOCATION – CITY/TOWN, STATE	The Dalles, OR
36. FUNERAL DIRECTOR SIGNATURE	X [signature]
37. NAME OF FACILITY	GARDNER FUNERAL HOME, INC.
38. ADDRESS OF FACILITY	POBox 390 White Salmon, WA 98672

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

Field	Entry
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
40. DATE SIGNED (Mo, Day, Yr)	
41. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

Field	Entry
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 [signature], Deputy Coroner
44. DATE SIGNED (Mo, Day, Yr)	May 19, 2000
45. HOUR OF DEATH (24 Hrs)	0630
46. PRONOUNCED DEAD (Mo, Day, Yr)	May 18, 2000
47. HOUR PRONOUNCED DEAD (24 Hrs)	0740
48. NAME AND ADDRESS OF CERTIFIER – PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)	Peter Banks, Deputy Coroner P.O. Box 790 Stevenson, WA 98648
49. ME/CORONER FILE NUMBER	2000-142SK

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.

	Cause	Interval between onset and death
A	CONGESTIVE HEART FAILURE	5 months
B	DUE TO, OR AS A CONSEQUENCE OF	
C	DUE TO, OR AS A CONSEQUENCE OF	
D	DUE TO, OR AS A CONSEQUENCE OF	

Field	Entry
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)	
59. PLACE OF INJURY – AT HOME, FARM, STREET, FACTORY, OFFICE 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 SIGNATURE	X [signature]
63. DATE RECEIVED (Mo, Day, Yr)	May 22, 2000

DOH 01-003 (5/98)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CERTIFYING REGISTRAR ...

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