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141545

FILED FOR RECORD
SKAMANIA CO. WASH
AT SKAMANIA CO. TITLE

JUN 29 1 34 PM '01

AUDITOR
GARY H. OLSON

After Recording Mail to:

SCE 24090

CTC-107256 -BAS

Document Title(s) (or transaction contained therein):
1. **DEATH CERTIFICATE**
2.
3.
4.

Reference Number(s) of Documents assigned or released:

(Additional Reference #'s on page of document(s))

Grantor(s) (Last name first, then first name and initials):
1. **JENNIE BERDEAN WOOD**
2.
3.
4.
5. Additional names on page ___ of document

REAL ESTATE EXCISE TAX
21615
JUN 29 2001
PAID Exempt
SKAMANIA COUNTY TREASURER

Grantees(s) (Last name first, then first name and initials):
1. ~~PUBLIC~~ WOOD, ROBERT W
2.
3.
4.
5. Additional names on page ___ of document

Legal Description (abbreviated: i.e. lot, block, plat or section, township, range):

N 1/2 NE 1/4 NW 1/4 SEC 9 T1N R5E

Gary H. Martin, Skamania County Assessor

Additional legal description is on page ___ of document Date 6/29/01 Parcel # 1-5-9-300

Assessor's Property Tax Parcel/Account Number:
01-05-09-0-0-0300-00
___ Assessor Tax # not yet assigned

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 provided herein.

cover 11/00

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY
DISTRICT
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HOSPITAL

TYPE OR PRINT IN PERMANENT BLACK INK

10069
LOCAL FILE NUMBER

Health

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CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME — First: Jennie; Middle: Berdean; Last: Wood
2. SEX: Female
3. DEATH DATE (Mo. Day. Yr.): July 25, 1995
4. AGE LAST BIRTHDAY (Yrs): 82
5. UNDER 1 YEAR — MOS. DAYS
6. UNDER 1 DAY — HOURS MINS.
7. BIRTHDATE (Mo. Day. Yr.): Mar 10, 1913
8. BIRTHPLACE (City, State or Foreign Country): Boise, Idaho
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
10. COUNTY OF DEATH: Clark
11. CITY, TOWN OR LOCATION OF DEATH: Vancouver
12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 5 ☐ NURSING HOME 6 ☐ OTHER PLACE — Southwest Washington Medical Center
13. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
15. SURVIVING SPOUSE (If wife, give maiden name): Robert Walrod Wood
16. SOCIAL SECURITY NO: 529-26-1846
17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): ; College (1-4 or 5+): 5+
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): School Teacher
19. KIND OF BUSINESS OR INDUSTRY: Education
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): White
22. RESIDENCE—NUMBER AND STREET: 503 NW 79th Street
23. CITY/TOWN OR LOCATION: Vancouver
24. INSIDE CITY LIMITS? (Yes / No): No
25A. COUNTY: Clark
25B. LENGTH OF RES. IN CO: 45 Yrs
26. STATE: WA
27. ZIP CODE: 98665
28. FATHER'S NAME—FIRST, MIDDLE, LAST: Otto Norman Toomey
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Kathryn Mae Cox
30. INFORMANT—NAME: Robert W. Wood
31. MAILING ADDRESS — STREET OR RFD NO.: 503 NW 79th Street; CITY OR TOWN: Vancouver; STATE: Washington; ZIP: 98665
32. BURIAL/CREMATION/REMOVAL/OTHER (Specify): Burial
33. DATE (Mo. Day. Yr.): 7/28/1995
34. CEMETERY/CREMATORY—NAME: Park Hill Cemetery
35. LOCATION—CITY/TOWN, STATE: Vancouver, Washington
36. FUNERAL DIRECTOR SIGNATURE: X
37. NAME OF FACILITY: Evergreen Staples Funeral Chapel
38. ADDRESS OF FACILITY: 4700 St. Johns Road, Vancouver, Washington 98661

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
40. DATE SIGNED (Mo. Day. Yr.): July 27, 1995
41. HOUR OF DEATH (24 Hrs.): 2001
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): Stanton L. Freidberg, M.D. 700 NE 87th Avenue, Vancouver, Washington 98664
48. ME/CORONER FILE NUMBER:

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Small Bowel Obstruction	Interval between onset and death: 24 hours
DUE TO, OR AS A CONSEQUENCE OF:	b. Sigmoid Mesenteric Artery Occlusion	Interval between onset and death: 24 hours
DUE TO, OR AS A CONSEQUENCE OF:	c.	Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:	d.	Interval between onset and death:

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Valvular Heart Disease, Adhesions
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. 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. ADDRESS—STREET OR RFD NO., CITY/TOWN, STATE:

61. RECORD AMENDMENT (Registrar use only) — ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE

62. DATE RECEIVED (Mo. Day. Yr.): JUL 27 1995

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 01-003 (7/94)