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FILED FOR RECORD
SKAMANIA COUNTY, WASH.
BY Betty Hopkins
Nov 5 10 42 AM '02
Dawn
AUDITOR
J. MICHAEL GARVISON

Return Address:

Betty Hopkins
986 SW Rock Crk Dr.
#105
Stevenson, WA 93648

Document Title(s) or transactions contained herein:

Death Certificate

GRANTOR(S) (Last name, first name, middle initial)

Hopkins, Douglas Houston

[ ] Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

Hopkins, Betty L.

[ ] Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

NW ¼ Section 26, T4N, R7EWM

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

04-07-26-2-0-0500-00 & 04-07-26-2-0-0600-00 cmd

[ ] Property Tax Parcel ID is not yet assigned
[ ] Additional parcel numbers on page _____ of document.

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.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

USE ONLY
1 DISTRICT
2 COPIES 4+1V4
3 HOSPTN
4 OCCURRENCE
5 RESIDENCE
6 TRACT
7 OCCUPATION
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21 ACC LOC
22 REMARKS
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24

451
LOCAL FILE NUMBER

Health

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CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. NAME — First: Douglas; Middle: Houston; Last: HOPKINS
2. SEX (M / F): Male
3. DEATH DATE (Mo. Day Yr.): March 17, 1999
4. AGE LAST BIRTHDAY (Yrs): 82
5. UNDER 1 YEAR — MOS / DAYS:
6. UNDER 1 DAY — HOURS / MINS:
7. BIRTHDATE (Mo. Day Yr.): 3-26-1916
8. BIRTHPLACE (City, State or Foreign Country): Concord, NC
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): Yes
10. COUNTY OF DEATH: Clark
11. CITY, TOWN OR LOCATION OF DEATH: Vancouver
12. PLACE OF DEATH — 1 HOME 2 IN TRANSPORT 3 EMERG MED FAC 4 HOSP XX NURSING HOME 6 OTHER PLACE: Rose Vista Nursing Home
13. SMOKING IN LAST 5 YEARS? (Yes / No): No
14. MARITAL STATUS — Married / Never Married / Widowed / Divorced (Specify): Married
15. SURVIVING SPOUSE (If wife, give maiden name): Betty Hopkins
16. SOCIAL SECURITY NO: [redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary or Secondary (0-12): 8 — College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Electrician
19. KIND OF BUSINESS OR INDUSTRY: I.B.E.W.
20. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No
21. RACE (Specify): White
22. RESIDENCE — NUMBER AND STREET: 372 Hemlock Road
23. CITY, TOWN, OR LOCATION: Carson
24. INSIDE CITY LIMITS? (Yes / No): No
25A. COUNTY: Skamania
25B. LENGTH OF RES IN CO: 20
26. STATE: WA
27. ZIP CODE: 98610

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST: Walter Lee Hopkins
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Ethel Henry Hill

30. INFORMANT — NAME: Betty Hopkins
31. MAILING ADDRESS — STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP: 372 Hemlock Road Carson, WA. 98610

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33. DATE (Mo. Day Yr.): 3/19/99
34. CEMETERY, CREMATORY — NAME: Rose City Cemetery
35. LOCATION — CITY/TOWN, STATE: Portland, Oregon
36. FUNERAL DIRECTOR SIGNATURE: X Mike Arnott
37. NAME OF FACILITY: Rose City Funeral Home
38. ADDRESS OF FACILITY: 5625 NE Fremont Portland, OR. 97213

CERTIFIER

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 David L. Ross MD
40. DATE SIGNED (Mo. Day Yr.): 3-17-99
41. HOUR OF DEATH (24 Hrs.): 1:15 am
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
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): Timothy Ross MD 715 S. Andresen Road Vancouver, WA. 98661
49. MEDICAL EXAMINER OR 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.

		INTERVAL BETWEEN ONSET AND DEATH
A.	Complications of abdominal sepsis	5 days
DUE TO, OR AS A CONSEQUENCE OF:		
B.	Perforation of small intestine	5 days
DUE TO, OR AS A CONSEQUENCE OF:		
C.		
DUE TO, OR AS A CONSEQUENCE OF:		
D		

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): 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. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE:

61. RECORD AMENDMENT (Registrar use only) — ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE:
62. REGISTRAR'S SIGNATURE: X Kay R. Sturgeon, MD
63. DATE RECEIVED (Mo. Day Yr.): MAR 17 1999

TO BE USED ONLY IN CONNECTION WITH CLAIM PENDING BEFORE THE VETERANS ADMINISTRATION

FOR INSTRUCTIONS SEE BACK OF PAGE

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-160)
DOH 01-003 (S/98)