Doc # 2004152490
Page 1 of 3
Date: 04/06/2004 11:30A
Filed by: GENERAL PUBLIC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $21.00

Return Address: Lois Green
41 Two River Road
Underwood, WA. 98651

Document Title(s) or transactions contained herein:

Death Certificates

REAL ESTATE EXCISE TAX
N/A
APR 0 6 2004
PAID see excise 17219 DTD 3-20-95 reserving life estate
Vickie [illegible] Deputy
SKAMANIA COUNTY TREASURER

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

Ridnour, Beulah B
Ridnour, John E.
Life Estate

[ ] Additional names on page ______ of document.

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

Birkenfeld, Mary Lee
Green, Lois A

[ ] Additional names on page ______ of document.

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

Lot 2 Bailey Construction Co S/Plat
BK 1, PG 14

[ ] 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

03 08 21 2 0 0811 00 4-6-04 [illegible]

[ ] 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.

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK

361628
I.D. TAG NO.

185-2003
Local File Number

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

136-
State File Number

DECEDENT

Field	Entry
1. DECEDENT'S NAME (First, Middle, Last)	John Eldon RIDNOUR
2. SEX	Male
3. DATE OF DEATH (Month, Day, Year)	June 16, 2003
4. SOCIAL SECURITY NUMBER	[redacted]
5a. AGE-Last Birthday (Years)	95
5b. Under 1 Year (Mos., Days)	
5c. Under 1 Day (Hours, Mins.)	
6. BIRTHPLACE (City and State or Foreign Country)	Corning, Iowa
7. DATE OF BIRTH (Month, Day, Year)	Sept. 18, 1907
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one)	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	Hood River Care Center
9c. CITY, TOWN, OR LOCATION OF DEATH	Hood River
9d. COUNTY OF DEATH	Hood River
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	Logger
10b. KIND OF BUSINESS/INDUSTRY	Logging
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	Widowed
12. SPOUSE (If Married, Widowed)	Beulah B. Garrett
13a. RESIDENCE - STATE	Washington
13b. COUNTY	Skamania
13c. CITY, TOWN OR LOCATION	Underwood
13d. STREET AND NUMBER	41 Two River Road
13e. INSIDE CITY LIMITS?	☐ Yes ☒ No
13f. ZIP CODE	98651
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
15. RACE (American Indian, Black, White, etc.) (Specify)	White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	8
College (1-4 or 5 +)	

PARENTS

Field	Entry
17. FATHER - NAME (First, Middle, Last)	John William Ridnour
18. MOTHER - NAME (First, Middle, Maiden)	Eliza Blanche Leighton
19. INFORMANT - NAME and relationship to deceased	Lois Green - Daughter

DISPOSITION

Field	Entry
20a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Removal from State ☐ Mausoleum ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Chris [illegible] Cemetery
20c. LOCATION (City or Town, State)	Underwood, Washington
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	[signature]
21b. OREGON LICENSE NO.	1961
22. NAME/ADDRESS AND ZIP OF FACILITY	Gardner Funeral Home POB 390 White Salmon, WA 98672

REGISTRAR

Field	Entry
23. DATE FILED (Month, Day, Year)	June 18 2003
24. REGISTRAR'S SIGNATURE	Dorothy A. O'Dell

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

CERTIFIER

Field	Entry
27. TIME OF DEATH	8:15 AM
28. WAS MEDICAL EXAMINER NOTIFIED?	☐ Yes ☐ No
29. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. (Signature)	[signature]
30. DATE SIGNED (Month, Day, Year)	6-16-03
31a. TIME OF DEATH	
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)	M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
33. DATE SIGNED (Month, Day, Year)	
COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)	Gary Regalbuto, M.D. 1410 May St., Hood River, Oregon 97031
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE [redacted]

36. [redacted]

PART I	Cause	Interval between onset and death
(a)	Congestive Heart Failure	
DUE TO, OR AS A CONSEQUENCE OF: (b)	Aortic Stenosis	
DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

Field	Entry
37. Did tobacco use contribute to the death?	☐ Yes ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY	☐ Yes ☒ No
39. If YES were findings considered in determining cause of death?	☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH	☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY	M
41c. INJURY AT WORK?	☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED	
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 10/97

Doc# 2004152490
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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.

Dorothy A. O'Dell
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

DATE ISSUED: HOOD RIVER COUNTY OREGON JUN 19 2003

STATE OF OREGON 1859

UNOFFICIAL COPY

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK

361647
I.D. TAG NO.

163-2002
Local File Number

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

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Beulah; Middle: Belle; Last: RIDNOUR
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): April 27, 2002
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 90
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Goff, Kansas
7. DATE OF BIRTH (Month, Day, Year): October 16, 1911
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Hood River Care Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hood River
9d. COUNTY OF DEATH: Hood River
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): John E. Ridnour
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Hood River
13c. CITY, TOWN OR LOCATION: Hood River
13d. STREET AND NUMBER: 729 Henderson
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97031
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, Mexican, Puerto Rican, Cuban, etc.) ☐ Yes ☐ Yes
15. RACE: White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+)

PARENTS

17. FATHER - NAME: Clyde Garrett
18. MOTHER - NAME: Jessie Lynch
19. INFORMANT - NAME and relationship to deceased: Lola Green - Daughter

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or Other Place): Odell
20c. LOCATION - City or Town, State: Underwood, Washington
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. OREGON LICENSE NO. (If Licensed)
21c. NAME, ADDRESS AND ZIP OF FACILITY: Gardner Funeral Home, P.O. Box 390, White Salmon, WA 98672

REGISTRAR

22a. DATE FILED (Month, Day, Year)
22b. REGISTRAR'S SIGNATURE: Dorothy A. O'Dell
RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN — TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27. TIME OF DEATH: 10:18 ☐ A.M. ☐ P.M.
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No
29. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)
30. DATE SIGNED (Month, Day, Year): 4/29/02
31. TIME OF DEATH
32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
33. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature and Title)
34. DATE SIGNED (Month, Day, Year)
COUNTY
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Gary Regalbuto, M.D. 1410 [illegible] Rd. Hood River, OR 97031

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) Disease, injury or complication directly causing death, e.g. Cardiac or Respiratory Arrest. — Interval between onset and death
PART I (a) Pneumonia
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(b)
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY

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ORIGINAL-VITAL STATISTICS COPY

45-2-Rev (3/00)

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

Dorothy A. O'Dell

DATE ISSUED: HOOD RIVER MAY 01 2002 COUNTY OREGON

DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MIDWEST BANK NOTE COMPANY