

RETURN ADDRESS

Olive Madden
c/o Clark County Title
700 NE 4th Ave #201
Camas, WA 98607

Please print neatly or type information
Document Title(s)

Certificate of Death

Reference Numbers(s) of related documents:

Additional Reference #'s on page _____

Grantor(s) (Last, First and Middle Initial)

Madden, Jerry Myrno

Additional grantors on page _____

Grantee(s) (Last, First and Middle Initial)

The Public

Additional grantees on page _____

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

Additional legal is on page _____

Assessor's Property Tax Parcel/Account Number

62-05-2700090000

7-21-04

~~62-05-290-000000~~

Additional parcel #'s on page _____

The Auditor/Recorder will rely on the information provided on this 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

DEC # 2004153784
Page 2 of 2

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Jerry Middle: Myrno Last: MADDEN				2. SEX (M / F) M		3. DEATH DATE (Mo, Day, Yr) August 26, 2002	
4. AGE LAST BIRTHDAY (Yrs) 60		5. UNDER 1 YEAR MOS: 0 DAYS: 0		6. UNDER 1 DAY HOURS: 0 MINS: 0		7. BIRTHDATE (Mo, Day, Yr) 8/18/1942	
8. BIRTHPLACE (City, State or Foreign Country) The Dalles, OR				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Clark	
11. CITY, TOWN OR LOCATION OF DEATH Washougal				12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RMOUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 34004 SE 34th Street Washougal, WA			
13. SMOKING IN LAST 15 YEARS? (Yes / No) No							
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Divorced		15. SURVIVING SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 4 College (1-4 or 5+): 4	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Plant Manager		19. KIND OF BUSINESS OR INDUSTRY Food Processing		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 34004 SE 34th St.		23. CITY/TOWN, OR LOCATION Washougal		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Clark	
25B. LENGTH OF RES. IN CO. 10 Yrs		26. STATE WA		27. ZIP CODE 98671			
28. FATHER'S NAME — FIRST, MIDDLE, LAST Myrno Arthur Madden				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Olive Elizabeth Bartram			
30. INFORMANT — NAME Glenn Madden		31. MAILING ADDRESS STREET OR RFD NO.: 16102 SE 4th St. CITY OR TOWN: Vancouver, WA STATE: WA ZIP: 98684					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) 8/31/2002		34. CEMETERY/CREMATORY — NAME Lone Rock Cemetery		35. LOCATION — CITY/TOWN, STATE Lone Rock, Oregon	
36. FUNERAL DIRECTOR SIGNATURE [Signature]		37. NAME OF FACILITY STRAUB'S FUNERAL HOME		38. ADDRESS OF FACILITY 325 NE 3rd Ave. Camas, Washington 98607			
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 [Signature] Medical Examiner				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 [Signature] Medical Examiner			
40. DATE SIGNED (Mo, Day, Yr) August 26, 2002		41. HOUR OF DEATH (24 Hrs.) 0955 found		44. DATE SIGNED (Mo, Day, Yr) August 26, 2002		45. HOUR OF DEATH (24 Hrs.) 0955	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dennis J. Wickham MD, Medical Examiner PO Box 5000 Vancouver, WA 98666				46. PRONOUNCED DEAD (Mo, Day, Yr) August 26, 2002		47. HOUR PRONOUNCED DEAD (24 Hrs.) 0955	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dennis J. Wickham MD, Medical Examiner PO Box 5000 Vancouver, WA 98666				49. ME/CORONER FILE NUMBER 02-0907			
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. OCCCLUSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE 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. 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 GIVE ABOVE:				52. AUTOPSY? (Yes / No) Yes		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: [Signature] DATE: Aug 29 2002		62. REGISTRAR SIGNATURE [Signature]		63. DATE RECEIVED (Mo, Day, Yr) AUG 29 2002			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 Rev. 7/99 DOH 110-008 (Rev. 7/99)