

Doc # 2006161676
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Date: 05/22/2006 01:53P
Filed by: ANTHONY H CONNORS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$23.00

Return Address:
Law Office of Anthony H. Connors
Post Office Box 1116
White Salmon, WA 98672

<i>Document Title(s) or transactions contained herein:</i> DEATH CERTIFICATE
<i>GRANTOR(S) (Last name, first name, middle initial)</i> YARNELL, DONALD COOPER
<input type="checkbox"/> Additional names on page _____ of document.
<i>GRANTEE(S) (Last name, first name, middle initial)</i> PUBLIC
<input type="checkbox"/> Additional names on page _____ of document.
<i>LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)</i> <input type="checkbox"/> Complete legal on page _____ of document.
<i>REFERENCE NUMBER(S) of Documents assigned or released:</i> <input type="checkbox"/> Additional numbers on page _____ of document.
<i>ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER</i> 6.S. Skamania County Tax Parcel No. 03-10-22-0-0-2300/00 <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> 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.

C9

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 2006-1011		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First: Donald Middle: Cooper LAST: YARNELL Suffix:					2. Death Date: 04-28-2006		
3. Sex (M/F): Male	4a. Age - Last Birthday: 91	4b. Under 1 Year: Months: Days:	4c. Under 1 Day: Hours: Minutes:	5. Social Security Number: [REDACTED]	6. County of Death: Klickitat		
7. Birthdate: April 12, 1915		8a. Birthplace (City, Town, or County): White Salmon		8b. (State of Foreign Country): Washington		9. Decedent's Education: Completed 8th grade	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No				11. Decedent's Race(s): White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 62.162 SR 14					13b. City or Town: Underwood		
13c. Residence: County: Skamania		13d. Tribal Reservation Name (if applicable):		13e. State or Foreign Country: Washington		13f. Zip Code + 4: 98651	
14. Estimated length of time at residence: 33 years		15. Marital Status at Time of Death: Married		16. Surviving Spouse's Name (Give name prior to first marriage): Esther Larsen			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): Logger				18. Kind of Business/Industry (Do not use Company Name): Logging			
19. Father's Name (First, Middle, Last, Suffix): Lemuel Washington Yarnell				20. Mother's Name Before First Marriage (First, Middle, Last): Lula May Branaman			
21. Informant's Name: Esther Yarnell		22. Relationship to Decedent: Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 62.162 SR 14 Underwood, Washington 98651			
24. Place of Death, if Death Occurred in a Hospital: Skyline Hospital							
25. Facility Name (if not a facility, give number & street or location): 211 Skyline Drive							
26a. City, Town, or Location of Death: White Salmon		26b. State: WA		27. Zip Code: 98672			
28. Method of Disposition: Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place): Aloha Crematory		30. Location-City/Town, and State: Aloha, Oregon			
31. Name and Complete Address of Funeral Facility: Wherity Family Funerals & Cremations 8265 SW Seneca St. Tualatin, OR				32. Date of Disposition: 04-29-2006			
33. Funeral Director Signature: <i>[Signature]</i>							
Cause of Death (See instructions and examples)							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Severe stroke						Interval between Onset & Death: 13 days	
Due to (or as a consequence of):						Interval between Onset & Death:	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						Interval between Onset & Death:	
b. Due to (or as a consequence of):						Interval between Onset & Death:	
c. Due to (or as a consequence of):						Interval between Onset & Death:	
d. Due to (or as a consequence of):						Interval between Onset & Death:	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: ASCD, Aortic atherosclerosis, esophagitis						36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
38. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (MM/DD/YYYY):		42. Hour of Injury (24hrs):		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:				46. Describe how injury occurred:			
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify):							
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated: <i>[Signature]</i>				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated:			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): James G. Jolley MD, 1519 White Salmon, WA				50. Hour of Death (24hrs): 1620			
51. Name and Title of Attending Physician if other than Certifier (Type or Print):				52. Date Signed (MM/DD/YYYY): 4/28/06			
53. Title of Certifier: MD		54. License Number: WA 013		55. Coroner File Number:		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature: <i>[Signature]</i>				58. Date Received (MM/DD/YYYY): APR 28 2006			
59. Amendments:							

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