Doc # 2006162207
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Date: 07/06/2006 09:37A
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $23.00

AFTER RECORDING MAIL TO:

Name Fern Martin
Address 910 Cherry Heights Rd.
City / State The Dalles, OR 97058
SR

Document Title(s): (or transactions contained therein)
1. Certificate of Death
2.
3.
4.

First American Title Insurance Company

(this space for title company use only)

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)
1. Verl Robert Martin
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. Fern Martin
2.
3.
4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Cabin 42, Northwestern Lake

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 43-10-02-0-0-0442-00

7-6-06
Ethan VC

WA-1

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

TYPE OR PRINT IN PERMANENT BLACK INK

4CC 1/31/94

156106 I.D. TAG NO.

295 Local File Number

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

136- 93-027483 State File Number

DECEDENT

1. DECEDENT'S NAME: First: Verl; Middle: Robert; Last: MARTIN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 30, 1993
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): Pleasant Ridge, OR.
7. DATE OF BIRTH (Month, Day, Year): February 1, 1903
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): 122 East 12th St.
9c. CITY, TOWN, OR LOCATION OF DEATH: The Dalles
9d. COUNTY OF DEATH: Wasco
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Orchardist
10b. KIND OF BUSINESS/INDUSTRY: Fruit Growing
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Fern Martin
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Wasco
13c. CITY, TOWN OR LOCATION: The Dalles
13d. STREET AND NUMBER: 122 E. 12th St.
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 97058
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or, Yes ... If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify:
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

17. FATHER - NAME: First: Otis; Middle: Delmer; Last: Martin Sr.
18. MOTHER - NAME: First: Lula; Middle: ; Maiden: Taylor
19. INFORMANT - NAME and relationship to deceased: Fern Martin - wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Parklawn Memorial Gardens
20c. LOCATION - City or Town, State: The Dalles, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH:
21b. LICENSE NUMBER (Of Licensee): 3210
22. NAME, ADDRESS AND ZIP OF FACILITY: Smith Callaway Chapel, 311 Union St. The Dalles OR 97058
23. DATE FILED (Month, Day, Year): January 3, 1994
REGISTRAR'S SIGNATURE:
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 12:30 P.M.
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Thomas H. Hodge MD
30. DATE SIGNED (Month, Day, Year): December 30, 1993

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
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): Thomas H. Hodge, M.D., 1825 E. 19th, Suite 1, The Dalles, OR. 97058

CAUSE OF DEATH

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) Do not enter modes of dying, e.g. Cardiac or Respiratory Arrest. Interval between onset and death

PART I
(a) Pneumonia
DUE TO, OR AS A CONSEQUENCE OF
(b)
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.
Carcinoma Prostate

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 ☐ 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)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-92

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I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: JUN 28 2006

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

STATE OF OREGON 1859

American Bank Note Company