Doc # 2006162749
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Date: 08/24/2006 12:07P
Filed by: BILL NAIL
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $23.00

WHEN RECORDED RETURN TO:

Bill Nail
P.O. Box 162
Carson, WA 98610

DOCUMENT TITLE(S)

Washington State Certificate of Death

REFERENCE NUMBER(S) *of Documents assigned or released:*

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

Ernest Nail

[ ] Additional names on page _____ of document.

GRANTEE(S):

Public

[ ] Additional names on page _____ of document.

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

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

[ ] Additional parcel numbers on page _____ of document.

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.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: D2 31 **Washington State Certificate of Death** State File Number:

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First	Middle	Last	Suffix	2. Death Date
Ernest	Sherman	NAIL		July 1, 2006

3. Sex (M/F)	4a. Age – Last Birthday	4b. Under 1 Year Months	Days	4c. Under 1 Day Hours	Minutes	5. Social Security Number	6. County of Death
M	93					[redacted]	Skamania

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
Sept 19, 1912	Kingston	Arkansas	8

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces?
No	White	No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
82 Nail Road	Carson

13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skamania		Washington	98610-	☐ Yes ☒ No ☐ Unk

14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)
62y	Widowed	

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)	18. Kind of Business/Industry (Do not use Company Name)
Carpenter	Construction

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
William Nail	Nola Jane Byers

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No.	City or Town	State	Zip
David Nail	Son	PO Box 503	Stevenson	WA	98648-

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
	Decedent's Residence

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
82 Nail Road	Carson	WA	98610-

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Burial	Wind River Memorial Cemetery	Carson, Washington

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Gardner Funeral Home PO Box 390 White Salmon, WA 98672-	July 7, 2006

33. Funeral Director Signature X [signature]

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. ~~Severe Aortic Stenosis~~ Congestive Heart Failure	2 months
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	Due to (or as a consequence of): b. Severe Aortic Stenosis	Interval between Onset & Death
	Due to (or as a consequence of): c.	Interval between Onset & Death
	Due to (or as a consequence of): d.	Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above.	36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
Renal Failure	☐ Yes ☒ No	☐ Yes ☒ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☒ Suicide ☐ Pending	☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☐ Yes ☐ Probably ☒ No ☐ 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?
			☐ Yes ☒ No ☐ Unk

Part 2 completed by Certifier

45. Location of Injury: Number & Street: Apt No.

City or Town: County: State: Zip Code+ 4:

46. Describe how injury occurred:

47. If transportation injury, specify:
☐ Driver/Operator ☒ Pedestrian
☐ Passenger ☐ 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) stated.

X [signature] PAC

48b. Medical Examiner/Coroner - On the basis of investigation, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
Connie Strom, PA POB 390 Stevenson, WA 98648	1620

51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY)
	July 3, 2006

53. Title of Certifier	54. License Number	55. Medical Examiner File Number	56. Was case referred to ME/Coroner?
PA	PA10003615		☐ Yes ☐ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
X [signature]	July 3, 2006

59. Amendments

DOH 01-003 (5/99)

THE STATE OF WASHINGTON 1889

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DOH/CHS 003 Rev. 2/06/2004

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