

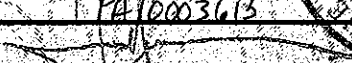
Doc # 2006162749
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Date: 08/24/2006 12:07P
Filed by: BILL NAIL
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$23.00

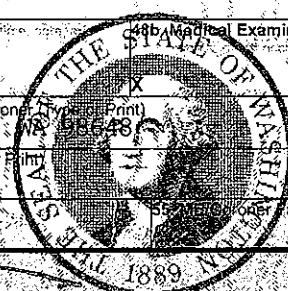
WHEN RECORDED RETURN TO:

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

File Number: D2		31 Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST Ernest Sherman NAIL				2. Death Date July 1, 2006	
3. Sex (M/F) M	4a. Age - Last Birthday 93	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate Sept 19, 1912		8a. Birthplace (City, Town, or County) Kingston		8b. (State or Foreign Country) Arkansas	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				9. Decedent's Education 8	
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 5 th St.) (Include Apt. No.) 82 Nail Road				13b. City or Town Carson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98610-
14. Estimated length of time at residence. 62y		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Carpenter				18. Kind of Business/Industry (Do not use Company Name) Construction	
19. Father's Name (First, Middle, Last, Suffix) William Nail				20. Mother's Name Before First Marriage (First, Middle, Last) Nola Jane Byers	
21. Informant's Name David Nail		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 503 Stevenson WA 98648-	
24. Place of Death: If Death Occurred in a Hospital: _____ If Death Occurred Somewhere Other than a Hospital: Decedent's Residence					
25. Facility Name (If not a facility, give number & street or location) 82 Nail Road				26a. City, Town, or Location of Death Carson	26b. State WA
27. Zip Code 98610-		28. Method of Disposition Burial			
29. Place of Final Disposition (Name of cemetery, crematory, other place) Wind River Memorial Cemetery				30. Location - City/Town, and State Carson, Washington	
31. Name and Complete Address of Funeral Facility Gardner Funeral Home PO Box 390 White Salmon, WA 98672-				32. Date of Disposition July 7, 2006	
33. Funeral Director Signature X 					
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 Aortic Stenosis - Concentric Heart Failure 2 months Due to (or as a consequence of):					
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 b. Severe Aortic Stenosis Due to (or as a consequence of):					
c. _____ Due to (or as a consequence of):					
d. _____ Due to (or as a consequence of):					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Renal Failure					
36. Autopsy? ☒ Yes ☐ No				37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No	
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending		39. If female: ☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year		40. Did tobacco use contribute to death? ☐ 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		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: _____ 48b. Medical Examiner/Coroner: _____				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Connie Strom, PA POB 390 Stevenson, WA 98648	
50. Hour of Death (24hrs) 1620				51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) Connie Strom, PA	
52. Date Signed (mm/dd/yyyy) July 3, 2006		53. Title of Certifier PA			
54. License Number PA10003615		55. Medical Examiner/Coroner License Number		56. Was case referred to ME/Coroner? ☒ Yes ☐ No	
57. Registrar Signature 				58. Date Received (mm/dd/yyyy) July 3, 2006	



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