AFN #2009173328 Recorded 07/13/09 at 02:24 PM DocType: DEATH Filed by: WEISFIELD ATTORNEY Page: 1 of 2 Auditor J. Michael Garvison Skamania County, WA

AFTER RECORDING RETURN TO:

Name: Law Office of Robert D. Weisfield
Address: P. O. Box 421
City/State: Bingen, WA 98605-0421

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

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. Barnes, Derald Elwin
2.
3.
4.

☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. The Public
2.
3.
4.

☐ Additional names on page _____ of document

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

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel/Account Number(s):

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

526372 (I.D. TAG NO.) 136- (STATE FILE NUMBER)

CERTIFICATE OF DEATH

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKAs, if any) First	Middle	Last	Suffix	2. Death Date (MON DD YYYY)
Derald	Elwin	BARNES		June 8, 2009

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
Male	82					[redacted]	Multnomah

7. Birthdate (MON DD YYYY)	8a. Birthplace (City/Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
May 20, 1927	Dixie	Washington	High School Graduate

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	☒ Yes ☐ No

13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8)	14. City/Town
41 Valley Drive	Carson

15. Residence County	16. State or Foreign Country	17. Zip Code + 4	18. Inside City Limits?
Skamania	Washington	98610	☐ Yes ☒ No ☐ Unknown

19. Marital Status at Time of Death	20. Spouse's Name (If married or widowed, give name prior to first marriage.)
Widowed	Mildred E. Stevens

21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.")	22. Kind of Business/Industry (DO NOT USE COMPANY NAME.)
Service Dispatcher	Power Company

23. Father's Name (First, Middle, Last, Suffix)	24. Mother's Name Prior to First Marriage (First, Middle, Last)
Verl Barnes	Ellen Green

25. Informant's Name	26. Telephone Number	27. Relation to Decedent	28. Mailing Address (Number & Street, City/Town, State, Zip + 4)
Randy Barnes	509/493-2205	Son	PO Box 1577 White Salmon, WA 98672

29. Place of Death	30. Facility Name
Inpatient-Hospital	Legacy Emanuel Hospital

31. Location of Death (Give address.)	32. City/Town or Location of Death	33. State	34. Zip Code + 4
2801 N. Gantenbein	Portland	OR	97227

35. Method of Disposition	36. Place of Disposition (Name of cemetery, crematory, or other place)	37. Location
Removal From State	Columbia River Crematory	White Salmon, Washington

38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4)
Gardner Funeral Home 1270 N. Main Ave/PO Box 390 White Salmon, WA 98672

39. Date of Disposition (MON DD YYYY)	40. Funeral Director's Signature	41. OR License Number
June 11, 2009	[signature]	RR64

42. Registrar's Signature	43. Date Received (MON DD YYYY)	44. Local File Number
[signature]	JUN 16 2009	

45. Record Amendment

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner?	47. Autopsy?	48. Were autopsy findings available to complete the cause of death?	49. Time of Death
☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	2210

CAUSE OF DEATH (See instructions and examples.)

50. 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.

		Approximate Interval: Onset to Death
Final disease or condition resulting in death→	IMMEDIATE CAUSE ↓ a. Sepsis	1 day
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	Due to (or as a consequence of) ↓ b. Cellulitis	2 weeks
	Due to (or as a consequence of) ↓ c. Peripheral Vascular Disease	6 months
	Due to (or as a consequence of) ↓ d.	

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:
COPD, DM, CAD

52. Manner of Death	53. If Female	54. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days before death	☒ Yes ☐ Probably ☐ No ☐ Unknown

55. Date of Injury (MON DD YYYY)	56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	58. Injury at Work?
			☐ Yes ☐ No ☐ Unknown

59. Location of Injury (Number & Street, City/Town, State, Zip + 4)

60. Describe how injury occurred.	61. If transportation injury, specify.
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4)
Gregory Zuck PO Box 1519 White Salmon, WA 98672

63. Name and Title of Attending Physician if Other than Certifier

64. Title of Certifier	65. License Number	66. Date Signed (MON DD YYYY)
MD	21874 (WA)	6/11/2009

67. Medical Certifier – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	68. Medical Examiner – 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.
[signature]	

69. Record Amendment

ORIGINAL - VITAL RECORDS COPY

45-2 (08/06)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED: JUN 16 2009

Lila Wickham RN MS
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE