

WHEN RECORDED RETURN TO:

CARLA GROAT
742 METZGER ROAD
CARSON, WA 98610

DOCUMENT TITLE(S)

DEATH CERTIFICATE

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

GROAT, RAYMOND EARL

☐ Additional names on page _____ of document.

GRANTEE(S):

THE 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

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-007945

DATE ISSUED: 04/17/2014

FEE NUMBER: 0000000005

GIVEN NAMES: **RAYMOND EARL**
LAST NAME: **GROAT**

COUNTY OF DEATH: **SKAMANIA**
DATE OF DEATH: **APRIL 07, 2014**
HOUR OF DEATH: **10:37 P.M.**
SEX: **MALE**
AGE: **68 YEARS**

SOCIAL SECURITY NUMBER: **redacted**

HISPANIC ORIGIN: **NO, NOT HISPANIC**
RACE: **WHITE**

BIRTHDATE: **DECEMBER 01, 1945**
BIRTHPLACE: **PORTLAND, MULTNOMAH CNTY, OREGON**

MARITAL STATUS: **MARRIED**
SPOUSE: **CARLA SUE TRACHSEL**

OCCUPATION: **MECHANIC**
INDUSTRY: **STATE DEPT. OF TRANSPORTATION**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES? **YES**

INFORMANT: **CARLA GROAT**
RELATIONSHIP: **SPOUSE**
ADDRESS: **742 METZGER ROAD, CARSON, WA 98610**

PLACE OF DEATH: **HOME**
FACILITY OR ADDRESS: **742 METZGER ROAD**
CITY, STATE, ZIP: **CARSON, WASHINGTON 98610**

RESIDENCE STREET: **742 METZGER ROAD**
CITY, STATE, ZIP: **CARSON, WASHINGTON 98610**
INSIDE CITY LIMITS? **YES**
COUNTY: **SKAMANIA**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **32 YEARS**

FATHER: **M EARL GROAT**
MOTHER: **MARY BALLARD**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **CASCADE CREMATION CENTER**
CITY, STATE: **TUALATIN, OR**
DISPOSITION DATE: **APRIL 11, 2014**

FUNERAL FACILITY: **CROWN MEMORIAL CENTER - PORTLAND**
ADDRESS: **832 NE BROADWAY**
CITY, STATE, ZIP: **PORTLAND OR 97232**
FUNERAL DIRECTOR: **SARA E. HARWOOD-KARLIK**

CAUSE OF DEATH:
A. **NON SMALL-CELL LUNG CANCER**
INTERVAL: **4 YEARS**

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: **NATURAL**
AUTOPSY: **NO**
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? **NOT APPLICABLE**
DID TOBACCO USE CONTRIBUTE TO DEATH? **PROBABLY**
PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**

CERTIFIER NAME: **CRAIG TANNER MD**
TITLE: **PHYSICIAN**
CERTIFIER
ADDRESS: **3710 SW US VETERANS HOSPITAL RD**
CITY, STATE, ZIP: **PORTLAND OR 97239**
DATE SIGNED: **APRIL 10, 2014**

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: **NONE**

NUMBER(S): **NONE**
DATE(S): **NONE**



CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN:
CRAIG TANNER MD

LOCAL DEPUTY REGISTRAR:
LADONNA BAEHLER
DATE RECEIVED: **APRIL 10, 2014**

DOH 01-003 (6/10)