

WHEN RECORDED RETURN TO:

Columbia Gorge Title
PO Box 277
Stevenson WA 98648

DOCUMENT TITLE(S):

Death Certificate

Grantor:

John William Hardgrove, deceased

Grantee:

Frances S. Hardgrove

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

32769

SEP 05 2017

PAID

Kempt
cg deputy
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:

Lot 3, HILLTOP MANOR, according to the recorded Plat thereof, recorded in the amended Plat in Book A of Plats, Page 110, in the County of Skamania, State of Washington.

TAX PARCEL NUMBER(S):

03-75-36-3-2-0303-00

Skamania County Assessor

Date 9-5-17

Parcel#

03-75-36-3-2-0303-00
dm

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK665650
ID. TAG NO.OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (Include AKA, if any) First: John Middle: William Last: Hardgrove Suffix:					2. Death Date (MM/DD/YYYY) Dec. 9, 2014	
3. Sex (M/F) Male	4a. Age - List Birthday 92	4b. Under 1 Year Months: Days: Hours: Minutes:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number [REDACTED]	6. County of Death Wasco	
7. Birthdate (MM/DD/YYYY) Aug. 28, 1922		8a. Birthplace (City/Town, or County) Spokane		8b. (State or Foreign Country) Washington		9. Decedent's Education Bachelor's Degree
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify) No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13. Residence: Number and Street (e.g., 824 SE 5th Street, Apt. No. 8) 700 Veterans Drive				14. City/Town The Dalles		
15. Residence County Wasco		16. State or Foreign Country Oregon		17. Zip Code + 4 97058		18. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. Marital Status at Time of Death Married				20. Spouse's Name (If married or widowed, give name prior to (s) marriage) Frances Joan Smith		
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED") Branch Manager				22. Kind of Business/Industry (DO NOT USE COMPANY NAME) Banking		
23. Father's Name (First, Middle, Last, Suffix) George A. Hardgrove				24. Mother's Name Prior to First Marriage (First, Middle, Last) Fay Stinson		
25. Informant's Name Julie Hardgrove		26. Telephone Number n/a		27. Relation to Decedent Daughter		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 360 Alcatraz Ave. Oakland, CA 94618
29. Place of Death Nursing Home		30. Facility Name Oregon Veterans Home		31. Location of Death (Give address) 700 Veterans Drive		
32. City/Town or Location of Death The Dalles		33. State OR		34. Zip Code + 4 97058		
35. Method of Disposition Removal from State		36. Place of Disposition (Name of cemetery, crematory, or other place) Columbia River Crematory		37. Location White Salmon, Washington		
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Garner Funeral Home 1270 N. Main Ave. White Salmon, WA 98672						
39. Date of Disposition (MM/DD/YYYY) Dec. 9, 2014		40. Funeral Director's Signature [Signature]		41. OR License Number CO-3892		
42. Registrar's Signature [Signature]		43. Date Received (MM/DD/YYYY) December 22, 2014		44. Local File Number 200		
45. Record Amendment						
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 1450
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				
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)		a. Pneumonia				2 day
		b. Due to (or as a consequence of) ↓ Dengue				25 years
		c. Due to (or as a consequence of) ↓				
		d. Due to (or as a consequence of) ↓				
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: [Signature]						
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)				60. Describe how injury occurred.		
61. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Valerie Hivoley-Blatz 1810 E. 19th St. Ste. 225 The Dalles, OR 97058						
63. Name and Title of Attending Physician if Other than Certifier						
64. Title of Certifier Valerie Hivoley-Blatz		65. License Number 0000070607		66. Date Signed (MM/DD/YYYY) 9/2/14		
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.		
69. Record Amendment						

ORIGINAL - VITAL RECORDS COPY

45-2 (01/14)

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 OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED: 12/22

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR