

Skamania County, WA
Total: \$41.00
DEATH
Pgs=3
Request of: CHERI J OWENS

2019-002127

11/05/2019 01:40 PM



WHEN RECORDED RETURN TO:

cheri J Owens
193 NW Iman Cemetery Rd
Stevenson WA. 98648

DOCUMENT TITLE(S)

Death Cert

REFERENCE NUMBER(S) of Documents assigned or released:

BOOK 137 Page 891

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Emery ORLAND Owens

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
NOV 5 2019
NA

☐ Additional names on page _____ of document.

GRANTEE(S):

cheri J Owens

PAID
CA deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

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

* Lot #2 OWENS SP F# 2004151957

☐ Complete legal on page _____ of document. ** Lot 1 OWENS SP F# 2004151957-8. 23 RD

TAX PARCEL NUMBER(S):

* 0307354409100 / ** 0307354409000

☐ 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 OREGON

CERTIFICATION OF VITAL RECORD

886153

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2019-026700

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Emery	Middle Orland	Last Owens	Suffix	Death Date September 25, 2019	
	Sex Male	Age 83 years	Social Security Number		County of Death Multnomah			
	Birthdate November 26, 1935		Birthplace Wenatchee, Washington			Was Decedent Ever in U.S. Armed Forces? Yes		
	Residence: 193 NW Iman Cemetery Road				City/Town Stevenson			
	Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98648	Inside City Limits? Yes		
	Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Cheri Jearldene Wamsley					
	Father's Name Emery Oral Owens				Mother's Name Prior to First Marriage Katherine Dorothy Oldham			
	Informant's Name Cheri Jearldene Owens		Telephone Number Not Available	Relationship to Decedent Spouse		Mailing Address 193 NW Iman Cemetery Road, Stevenson, WA 98648		
	Place of Death Hospital-Inpatient		Facility Name Portland VA Medical Center					
	Location of Death 3710 SW U.S. Veterans Hospital Road		City/Town or Location of Death Portland			State Oregon	Zip Code + 4 97239	
Method of Disposition Cremation		Place of Disposition Portland Memorial Crematory		Location (City/Town and State) Portland, Oregon				
Name and Complete Address of Funeral Facility Oregon Cremation Company 11667 SE Stevens Road, Portland, Oregon 97086								
Date of Disposition TBD		Funeral Director's Signature Nicole E Smith		Electronically Signed		OR License Number FS-0660		
Registrar's Signature Jennifer A. Woodward		Date Received October 03, 2019		Local File Number				
Amendment								

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? Yes		Autopsy? No	Were autopsy findings available to complete the cause of death?		Time of Death 1531	
	CAUSE OF DEATH						Approximate Interval: Onset to Death
	IMMEDIATE CAUSE a. COMPLICATIONS OF RIGHT FEMORAL NECK FRACTURE						Hours
	b. Due to (or as a consequence of) ↓ UNWITNESSED GROUND LEVEL FALL						Immediate
	c. Due to (or as a consequence of) ↓						
	d. Due to (or as a consequence of) ↓						
	Other significant conditions contributing to death Unsteady gait; dementia; presumed vascular type						
	Manner of Death Accident		If Female Not Applicable		Did tobacco use contribute to death? Unknown		
	Date of Injury September 25, 2019	Time of Injury 0240	Place of Injury Other - Adult Care Facility		Injury at Work? No		
	Location of Injury 10948 SE Boise Street, Portland, Oregon 97266						
Describe how injury occurred Unwitnessed ground level fall						If transportation injury, specify. Not Applicable	
Name and Address of Certifier Rebecca Adele Millius 13309 SE 84th Avenue 100, Clackamas, Oregon 97015							
Name and Title of Attending Physician If Other than Certifier						Date Signed October 03, 2019	
Medical Certifier Rebecca Adele Millius		Electronically Signed		Title of Certifier M.D., M.E.		License Number MD25336	
Amendment							



20191004170

45-2CC (01/06)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

October 03, 2019

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Unofficial
Copy



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