

**WHEN RECORDED RETURN TO:**

Rachel Duffus  
51 Bunker Keys Rd  
Cock, WA 98605

Skamania County, WA  
Total: \$20.00  
DEATH  
Pgs=3

**2023-001347**

09/21/2023 02:22 PM

Request of: RACHEL DUFFUS



00016868202300013470030038

Please print or type information **Washington State Recorder's Cover Sheet** (RCW 65.04)**DOCUMENT TITLE(S)** (or transaction contained therein) (all areas applicable to your document must be filled in)

Death Certificate

**REFERENCE NUMBER(S)** of Documents assigned or released:☐ Additional numbers on page \_\_\_\_ of document.**GRANTOR(S):**

1. JOSH DUFFUS

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

☐ Additional names on page \_\_\_\_ of document.**GRANTEE(S):**

1. Public

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

☐ 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.**Assessor's Property Tax Parcel #**☐ 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.

"I am signing below and paying an additional \$50.00 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

\_\_\_\_\_  
Signature of Requesting Party

Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

1061161

I.D. TAG NO.

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2023-020692

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First	Middle	Last	Suffix	Death Date
	Joshua			Michael	Duffus		June 28, 2023
	Sex	Age	43 years		Social Security Number	County of Death	
	Male					Multnomah	
	Birthdate	Birthplace				Was Decedent Ever in U.S. Armed Forces?	
	February 08, 1980	Goldendale, Washington				No	
	Residence:				City/Town		
	51 Bunker Keys Road				Cook		
	Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?
	Klickitat		Washington		98605		No
Marital Status at Time of Death		Spouse's Name Prior to First Marriage					
Married		Rachel Kock					
Father's Name		Mother's Name Prior to First Marriage					
James Duffus		Clover Shobe					
Informant's Name		Telephone Number	Relationship to Decedent		Mailing Address		
Rachel Duffus		Not Available	Spouse		51 Bunker Keys Road, Cook, WA 98605		
Place of Death		Facility Name					
Hospital-Inpatient		OHSU Hospitals and Clinics					
Location of Death		City/Town or Location of Death		State	Zip Code + 4		
3181 SW Sam Jackson Park Road		Portland		Oregon	97239		
Method of Disposition		Place of Disposition		Location (City/Town and State)			
Cremation		Columbia Gorge Cremation		Hood River, Oregon			
Name and Complete Address of Funeral Facility							
Gardner Funeral Home 156 NE Church Avenue, White Salmon, Washington 98672							
Date of Disposition		Funeral Director's Signature		Electronically Signed	OR License Number		
June 30, 2023		Victoria R Lara			CO-3930		
Registrar's Signature		Date Received		Local File Number			
Jennifer A. Woodward		July 10, 2023					
Amendment							
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		Autopsy?		Were autopsy findings available to complete the cause of death?		Time of Death
	No		No				1523
	CAUSE OF DEATH						Approximate Interval: Onset to Death
	IMMEDIATE CAUSE ↓ Hypoxemic respiratory failure						3 days
	a. Due to (or as a consequence of) ↓ Small airway compression						months
	b. Due to (or as a consequence of) ↓ Stage IV Esophageal Squamous cell carcinoma with metastases to the lungs						3 years
	c. Due to (or as a consequence of) ↓						
	d. Other significant conditions contributing to death						
	Manner of Death		If Female		Did tobacco use contribute to death?		
	Natural		Not Applicable		No		
Date of Injury		Time of Injury	Place of Injury		Injury at Work?		
Location of Injury							
Describe how injury occurred						If transportation injury, specify.	
Name and Address of Certifier						Date Signed	
James M Oldenburg 3181 SW Sam Jackson Park Road, Portland, Oregon 97239						June 29, 2023	
Name and Title of Attending Physician if Other than Certifier						License Number	
						PG210905	
Medical Certifier		Electronically Signed		Title of Certifier			
James M Oldenburg				M.D.			
Amendment							



\*20230709942\*

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.

July 11, 2023

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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