137580

BOOK 197 PAGE 247

FILED FOR RECORD AT REQUEST OF
Edwin Leighton
MAR 10 1 20 PM '00
O'Lawry
GARY H. DE LEON

RETURN ADDRESS:

Edwin E. Leighton
4971 Cook-Underwood Rd
Cook, WA 98651

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Death Certificate
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Leighton, Ruth Olive
2.
3.
4.

☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Public, The
2.
3.
4.

☐ Additional Names on Page _____ of Document.

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

N/A

REAL ESTATE EXCISE TAX

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

N/A

MAR 10 2000

PAID

N/A

SKAMANIA COUNTY TREASURER

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

3-9-11-3-200

☐ Property Tax parcel ID is not yet assigned.

☐ Additional Parcel Numbers on Page _____ of Document.

Gary H. Martin, Skamania County Assessor

Date 3-10-00 Parcel # 3-9-11-3-200

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

CERTIFICATION OF VITAL RECORD

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TYPE OR PRINT IN PERMANENT BLACK INK

283421
ID TAG NO

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

076-99
Local File Number

136-
State File Number

1 DECEDENT'S NAME: First: Ruth; Middle: Olive; Last: LEIGHTON
2 SEX: F
3 DATE OF DEATH (Month, Day, Year): June 7, 1999
4 SOCIAL SECURITY NUMBER: 532-34-6758
5a AGE (Last Birthday): 91
5b If Under 1 Year: Mos. / Days
5c If Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Gravity, IA
7 DATE OF BIRTH (Month, Day, Year): Sept. 4, 1907
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9a PLACE OF DEATH (Check only one): ☒ Hospital ☐ ER/Outpatient ☐ DOA ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Hood River Memorial Hospital
9c CITY, TOWN, OR LOCATION OF DEATH: Hood River
9d COUNTY OF DEATH: Hood River
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b KIND OF BUSINESS/INDUSTRY: Own Home
11 MARITAL STATUS: Widowed
12 SPOUSE (If married, give name): Lowell Leighton
13a RESIDENCE - STATE: Washington
13b COUNTY: Skamania
13c CITY, TOWN OR LOCATION: Cook
13d STREET AND NUMBER: 4841 Cook Underwood Rd.
13e INSIDE CITY LIMITS? ☐ Yes ☐ No
13f ZIP CODE: 98605
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify
15 RACE (American Indian, Black, White, etc.) (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17 FATHER - NAME: First: Elmer; Middle: ; Last: Dutton
18 MOTHER - NAME: First: Cora; Middle: E.; Maiden: Hamblin
19 INFORMANT - NAME and relationship to deceased: Verda Bargabus - Daughter
20a METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Win-quatt Crematory
20c LOCATION - City or Town, State: The Dalles, Oregon
21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b OREGON LICENSE NO. (Of Licensee): 1961 (WA)
22 NAME, ADDRESS AND ZIP OF FACILITY: Gardner Funeral Home POB 390 White Salmon, WA 98672
23 DATE FILED (Month, Day, Year): June 8, 1999
24 REGISTRAR'S SIGNATURE: Dorothy A. O'Dell
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 1:20 p.m.
28 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No
29 To the best of my knowledge, death occurred at the time, date and due to the cause(s) and manner stated. (Signature)
30 DATE SIGNED (Month, Day, Year): 6/8/99
31a TIME OF DEATH
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
32 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33 DATE SIGNED (Month, Day, Year) COUNTY
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Gary Regalbuto, M.D. 1410 May St. Hood River, OR 97031
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36 PART I (a) Pneumonia
DUE TO, OR AS A CONSEQUENCE OF: (b) Hip Fracture
DUE TO, OR AS A CONSEQUENCE OF: (c)
Interval between onset and death: Days
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I
37 Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38 AUTOPSY: ☐ Yes ☒ No
39 Was decedent pregnant at time of death? ☐ Yes ☐ No ☐ N.A.
40 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined ☐ Legal Intervention
41a DATE OF INJURY (Month, Day, Year)
41b TIME OF INJURY
41c INJURY AT WORK? ☐ Yes ☐ No
41d DESCRIBE HOW INJURY OCCURRED
41e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f LOCATION (Street and Number or Rural Route Number, City or Town, State)
RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 10-97

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

DATE ISSUED: HOOD RIVER JUN 08 1999 COUNTY OREGON

Dorothy A. O'Dell
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE