

102855

BOOK 104 PAGE 211

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF HEALTH

VITAL RECORDS CERTIFICATE OF DEATH

LOCAL FILE NUMBER

1. NAME FIRST, MIDDLE, LAST: McClellan nnn THOMAS; 2. SEX: Male; 3. DEATH DATE (MO DAY YR): Feb. 5, 1987; 146-8; 4. RACE: White; 5. AGE: 88; 6. BIRTHDATE: July 27, 1898; 7. COUNTY OF DEATH: Clark; 11. PLACE OF DEATH: St. Joseph Hospital; 12. RECEIVED EMERGENCY CARE: Yes; 13. BIRTH STATE: Oregon; 14. CITIZEN OF WHAT COUNTRY: U.S.A.; 15. MARRIED: Married; 16. SPOUSE: Lila M. Sipple; 17. RECEIVED EVER IN U.S. ARMED FORCES: No; 19. USUAL OCCUPATION: Chef; 20. KIND OF BUSINESS OR INDUSTRY: Restaurant; 22. CITY/TOWN OR LOCATION: North Bonneville; 23. INSIDE CITY LIMITS: Yes; 24. COUNTY: Skamania; 25. STATE: Washington; 26. FATHER: Unknown; 27. MOTHER: UNKNOWN; 28. INFORMANT: Lila M. Thomas; 29. MAILING ADDRESS: P.O. Box 322 North Bonneville, Washington 98639; 30. BURNAL: Burial; 31. DATE: Feb. 9, 1987; 32. CEMETERY: Camas Cemetery; 33. LOCATION: Camas, Washington; 34. FUNERAL DIRECTOR: Ronald Brown; 35. NAME OF FACILITY: Brown's Funeral Home, Inc.; 36. ADDRESS: P.O. Box 1000 S. Garfield Street, Camas, Washington 98607

37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: Karl F. Stefan MD; 38. DATE SIGNED: 2-6-87; 39. HOUR OF DEATH: 0405; 40. NAME AND TITLE OF ATTENDING PHYSICIAN: Karl F. Stefan 1702 C Street Washougal, Washington 98671; 41. 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) STATED. SIGNATURE AND TITLE: [Signature]; 42. DATE SIGNED: [Date]; 43. HOUR OF DEATH: [Time]; 44. PRONOUNCED DEAD: [Date]; 45. HOUR PRONOUNCED DEAD: [Time]; 46. NAME AND ADDRESS OF CERTIFIER: Karl F. Stefan 1702 C Street Washougal, Washington 98671

47. IMMEDIATE CAUSE: acute cardiac arrest; 48. CHRONIC DISEASES: Chronic Hypertensive Cardiovascular disease; 49. OTHER SIGNIFICANT CONDITIONS: U.S. Senile Dementia, Chronic arterites; 50. INTERVAL BETWEEN ONSET AND DEATH: ± 30 min, ± 20 years, ± 15 years; 51. ACC. SUICIDE, HOMICIDE, UNDERLYING INVESTIGATION: No; 52. INJURY DATE: [Date]; 53. HOUR OF INJURY: [Time]; 54. INJURY AT WORK: [Yes/No]; 55. PLACE OF INJURY: [Location]; 56. AUTOPSY: No; 57. HOW CASE REFERRED TO MEDICAL EXAMINER OR CORONER: Yes

58. REGISTRAR SIGNATURE: [Signature]; 59. ITEM DOCUMENTARY EVIDENCE REVIEWED BY: [Signature]; DATE: [Date]; 60. FILED FOR RECORD SKAMANIA CO. WASH BY: Gordon Laugh; FEB 11 1 51 PM '87; E. McLeod; AUDITOR GARY M. OLSON; FEB 9 1987; REVIEWED BY: [Signature]; DATE: [Date]



FEB 9 1987 Karen Steingart, M.D. DISTRICT HEALTH OFFICER

Registered [check] Indexed, Dir [check] Indirect [check] Filled [check] Mailed [check]