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LOCAL FILE NUMBER

MONTANA

CERTIFICATE OF DEATH

BOOK 104 PAGE 959

STATE FILE NUMBER

DECEDENT

Field	Entry
1. DECEDENT - NAME FIRST / MIDDLE / LAST	PAUL / DREXEL / GOLLEHON
2. SEX	male
3. DATE OF DEATH (Mo., Day, Yr.)	August 24, 1985
4. RACE-White, Black, American Indian, etc (Specify)	white
5a. AGE - Last Birthday (Years)	76
5b. UNDER 1 YEAR Mos. / Days	
5c. UNDER 1 DAY Hours / Min	
6. DATE OF BIRTH (Mo., Day, Yr.)	December 12, 1908
7a. COUNTY OF DEATH	Pondera
7b. CITY, TOWN, OR LOCATION OF DEATH	Conrad
7c. HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)	Pondera Pioneer Nursing Home
7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	inpatient
8. STATE OF BIRTH (If not in U.S.A. name country)	Virginia
9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	married
11. SURVIVING SPOUSE (If wife, give maiden name)	Margaret Palin
12. SOCIAL SECURITY NUMBER	[redacted]
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Farmer-self employed
13b. KIND OF BUSINESS OR INDUSTRY	Agriculture
14. WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify Yes or No)	no
15a. RESIDENCE - STATE	Montana
15b. COUNTY	Lake
15c. CITY, TOWN, OR LOCATION	Polson, rural
15d. INSIDE CITY LIMITS (Specify Yes or No)	no
15e. STREET AND NUMBER	Finley Point,

Usual Residence Where Decedent Lived. If Death Occurred in Institution, See Handbook

PARENTS

Field	Entry
16. FATHER - NAME FIRST / MIDDLE / LAST	William Clayborne Gollehon
17. MOTHER - MAIDEN NAME FIRST / MIDDLE / LAST	Mary Durman

Field	Entry
18a. INFORMANT - NAME (Type or Print)	Margaret Gollehon
18b. MAILING ADDRESS STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP	Finley Point, East Shore, Polson, MT 59860

DISPOSITION

Field	Entry
19a. CEMETERY OR CREMATORY - NAME	Hillside Cemetery
19b. LOCATION / CITY OR TOWN / STATE	Conrad, Montana
19c. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	burial
20. MORTUARY OR OTHER - NAME AND ADDRESS	Wyse Funeral Home, 408 S. Virginia, Conrad, MT5942
21. DATE OF DISPOSITION (Month, Day, Year)	August 26, 1985
22. PERSON IN CHARGE OF DISPOSITION (Signature)	Ralph Tilcher
License Number	#85

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

23a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Robert B Hamilton MD

23b. DATE SIGNED (Month, Day, Year): 24 aug 85

23c. HOUR OF DEATH: 8:53 A M

23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): CARLEY C. ROBERTSON

To be Completed by CORONER Only

24a. 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)

24b. DATE SIGNED (Month, Day, Year)

24c. HOUR OF DEATH M

24d. PRONOUNCED DEAD (Mo., Day, Yr.) ON

24e. PRONOUNCED DEAD (Hour) AT M

25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print): Carley C. Robertson, M.D. Pondera Medical Clinic, Conrad, MT 59425

26a. LOCAL REGISTRAR (Signature)

26b. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Yr.): August 26, 1985

CAUSE OF DEATH

Conditions If Any Which Gave Rise To Immediate Cause Stating The Underlying Cause Last

27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

PART I (a) Brain Stem Glioma — Interval between onset & death: [illegible]

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset & death

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset & death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)

28. AUTOPSY (Specify Yes or No): no

29. WAS CASE REFERRED TO CORONER? (Specify Yes or No): no

30a. ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION (Specify)

30b. DATE OF INJURY (Mo., Day, Yr.)

30c. HOUR OF INJURY M

30d. DESCRIBE HOW INJURY OCCURRED

30e. INJURY AT WORK (Specify Yes or No)

30f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

30g. LOCATION. STREET OR R.F.D. NO. / CITY OR TOWN / STATE

Bureau of Records and Statistics, Montana Department of Health and Environmental Sciences 1978 Revision

4496

08-26-85

STATE OF MONTANA)
(ss
COUNTY OF PONDERA)

I hereby certify that the instrument to which this certificate is annexed, is a true, complete and correct copy of the original on file in my office

Witness my hand and seal of office this 26th day of August, 1985.

SEAL

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SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

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J. Naw, Dep.
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GARY H. OLSON

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