STATE OF WASHINGTON
DEPARTMENT OF HEALTH

113331

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BOOK 128 PAGE 284
BUREAU OF VITAL STATISTICS

PRINT IN INK M1-1 LOCAL FILE NUMBER 176-73

CERTIFICATE OF DEATH

STATE FILE NUMBER 2875

DECEASED—NAME (FIRST, MIDDLE, LAST) 1 JAMES ALBERT MAGUIRE				SEX 3 Male	DATE OF DEATH (MONTH, DAY, YEAR) 4 February 7, 1973
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.—SPECIFY) 4 White	AGE—LAST BIRTHDAY (YEARS) 5a 59	UNDER 1 YEAR MOS 5b	DAYS	UNDER 1 DAY HOURS 5c	MIN	DATE OF BIRTH (MONTH, DAY, YEAR) 6 6-19-13	COUNTY OF DEATH 7a Clark
CITY, TOWN, OR LOCATION OF DEATH 7 Vancouver	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d V. A. Hospital, Vancouver, Washington			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8 California	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10 Divorced	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11 - - -		
SOCIAL SECURITY NUMBER 12 [redacted]	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a Sanitary Engineer	KIND OF BUSINESS OR INDUSTRY 13b - - - 492X			
RESIDENCE—STATE 14a Washington	COUNTY 14b Skamania	CITY, TOWN, OR LOCATION 14c Stevenson	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d - - -	STREET AND NUMBER 14e - - -	
FATHER—NAME (FIRST, MIDDLE, LAST) 15 John Francis Maguire		MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST) 16 Agnes Josephine Kruger			
INFORMANT—NAME 17a VA Hospital records		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b V. A. Hospital, Vancouver, Washington 98661			

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 IMMEDIATE CAUSE	(a) Pulmonary congestion and edema	Terminal
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive heart failure	Weeks
	DUE TO, OR AS A CONSEQUENCE OF: (c) Cardiomegaly and pulmonary emphysema	Years

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c).

1. Laennec's cirrhosis 2. Obesity

AUTOPSY (YES OR NO) 19a Yes — IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b Yes

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a	DATE OF INJURY (MONTH, DAY, YEAR) 20b	HOUR 20c	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d	
INJURY AT WORK (SPECIFY YES OR NO) 20e	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g		

CERTIFICATION—VA: I ATTENDED THE DECEASED FROM 21a 2-6-73 TO 21b 2-7-73 — LAST SAW HIM/HER ALIVE ON 21c 2-7-73 — I DID/DID NOT VIEW THE BODY AFTER DEATH 21d did — DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED (HOUR) 21e 11:05p

CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH 22a M — THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR) 22b M

CERTIFIER—NAME (TYPE OR PRINT) 23a RUSSELL M. MAYNARD, M.D.	SIGNATURE 23b [signature]	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR) 23c 2-9-73
MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO.) 23d VA Hospital, Fourth Plain & O Street	CITY OR TOWN Vancouver	STATE Washington	ZIP 98661

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Burial	CEMETERY OR CREMATORY—NAME 24b Carson Community Cem.	LOCATION 24c Carson, Washington	98672
DATE (MONTH, DAY, YEAR) 24d 2/13/73	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a Gardner Funeral Home - PO Box 276 White Salmon Wa		
FUNERAL DIRECTOR—SIGNATURE 26a [signature]	REGISTRAR'S SIGNATURE 26b [signature]	DATE RECEIVED BY LOCAL REGISTRAR 26c FEB 13 1973	

HEA 67 (S F. 8191) 6-71

1973

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BY Terry Maguire
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