

STATE OF WASHINGTON DEPARTMENT OF HEALTH

113331

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES

BOOK 128 PAGE 284

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11-1

LOCAL FILE NUMBER

176-11

CERTIFICATE OF DEATH

STATE FILE NUMBER 2875

DECEASED—NAME		JAMES ALBERT MAGUIRE		SEX	Male	DATE OF DEATH (MONTH, DAY, YEAR)	February 7, 1973
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
White	59			6-19-13		Clark	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
Vancouver		Yes		V. A. Hospital, Vancouver, Washington			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
California	USA	Divorced					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
		Sanitary Engineer		492X			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER			
Washington	Skamania	Stevenson					
FATHER—NAME		MOTHER—MAIDEN NAME					
John Francis Maguire		Agnes Josephine Kruger					
INFORMANT—NAME		MARITAL ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
VA Hospital records		V. A. Hospital, Vancouver, Washington 98661					
PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
(a) Pulmonary congestion and edema						Terminal	
(b) Congestive heart failure						Weeks	
(c) Cardiomegaly and pulmonary emphysema						Years	
PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))							
1. Laennec's cirrhosis 2. Obesity							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
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.		DATE OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED	
2-6-73		2-7-73		2-7-73		11:05 PM	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
RUSSELL M. MAYNARD, M.D.						2-9-73	
MAKING ADDRESS—CERTIFIER		CITY OR TOWN		STATE		ZIP	
VA Hospital, Fourth Plain & O Street		Vancouver		Washington		98661	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
Burial		Carson Community Cem.		Carson, Washington		98672	
DATE		FURNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
2/13/73		Gardner Funeral Home		10 Box 276 White Salmon Wa		98672	
FURNERAL DIRECTOR—SIGNATURE		REGISTERED SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
				FEB 13 1973			

HEA 67-15 (REV. 6-71)

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SKAMANIA CO. WASH
BY Jerry Maguire

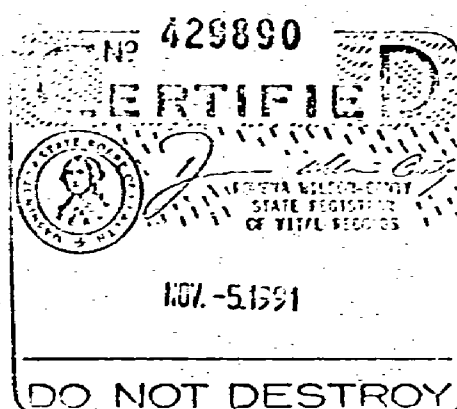
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GARY M. OLSON

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DOH 01-003 (7/69)

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