STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS

CERTIFICATE OF DEATH

[58] LOCAL FILE NUMBER 113649 BOOK 129 PAGE 36

HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 NAME - FIRST, MIDDLE, LAST: Dale E. COLLINS	2 SEX: M	3 DEATH DATE (MO DAY YR): 08 Jan 1983	146-8 STATE FILE NUMBER
4 RACE (WHITE, BLACK, AM IND, ETC SPECIFY): White	5 AGE - LAST BIRTH DAY (YRS): 55	6 UNDER 1 YEAR: MOS / DAYS	7 UNDER 1 DAY: HOURS / MINS
8 BIRTHDATE (MO DAY YR): 25 Jul 1927	9 COUNTY OF DEATH: Clark		
10 CITY, TOWN OR LOCATION OF DEATH: Vancouver,	11 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: P/VAMC Vancouver Division		12 RECEIVED EMERGENCY CARE (AMBULANCE, PRIVATE, PARAMEDIC): No YES/NO
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Washington	14 CITIZEN OF WHAT COUNTRY: U.S.A.	15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married	16 SPOUSE (IF WIFE GIVE MAIDEN NAME): Betty Hurworth Collins
17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): Yes			
18 SOCIAL SECURITY NO: [redacted]	19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): Road Crew	20 KIND OF BUSINESS OR INDUSTRY: Skamania County	
21 RESIDENCE - NUMBER AND STREET: Star Rt. Box 220	22 CITY/TOWN OR LOCATION: Underwood	23 INSIDE CITY LIMITS? (YES/NO): No	24 COUNTY: Skamania
25 STATE: Washington			
26 FATHER - NAME FIRST, MIDDLE, LAST: William Cleve Collins	27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: WILSON Juanita - Collins		
28 INFORMANT - NAME: Betty Collins	29 MAILING ADDRESS STREET OR RFD NO / CITY OR TOWN / STATE / ZIP: Star Rt. Box 220 Underwood, WA 98651		
30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial	31 DATE (MO DAY YR): 12 Jan 1983	32 CEMETERY/CREMATORY - NAME: Wind River Memorial	33 LOCATION - CITY/TOWN, STATE: Carson, Washington
34 FUNERAL DIRECTOR SIGNATURE: X [signature]	35 NAME OF FACILITY: GARDNER FUNERAL HOME, INC.	36 ADDRESS OF FACILITY: White Salmon, WA	

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN	TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER
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: X [signature] MD	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: X
38 DATE SIGNED (MO DAY YR): 1/18/83	39 HOUR OF DEATH (24 HRS): 2143
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	42 DATE SIGNED (MO DAY YR)
43 HOUR OF DEATH (24 HRS)	44 PRONOUNCED DEAD (MO DAY YR)
45 HOUR PRONOUNCED DEAD (24 HRS)	

46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): JENNIFER MCDONALD, M. D. VA Medical Center, PO Box 1035, Portland, OR. 97207

CAUSE LAST

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C)):
(A) Adenocarcinoma, metastatic, primary unknown — INTERVAL BETWEEN ONSET AND DEATH: 3 months
DUE TO, OR AS A CONSEQUENCE OF:
(B) — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(C) — INTERVAL BETWEEN ONSET AND DEATH:

48 OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE: | 49 AUTOPSY? (YES/NO): No | 50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): No

51 ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST (SPECIFY)	52 INJURY DATE (MO DAY YR)	53 HOUR OF INJURY (24 HRS)	54 DESCRIBE HOW INJURY OCCURRED

55 INJURY AT WORK? (YES/NO)	56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY)	57 LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

58 REGISTRAR SIGNATURE: X [signature] Robert D. Thornton MD — 59 DATE RECEIVED (MO DAY YR): JAN 20 1983

STATE REGISTRAR USE ONLY

ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY:	DATE	ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY:	DATE

DSHS 9-150 (REV. 1-82)

THIS IS TO CERTIFY that the foregoing is a true copy (Photographic) of a record on file with the Southwest Washington Health District, Vancouver, WA.

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SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
Jun 2 2 50 PM '92
A. Lowry
AUDITOR
GARY M. OLSON

SEAL

JAN 20 1983

Robert D. Thornton MD
ROBERT D. THORNTON, M.D.
District Health Officer

FOR VETERANS USE ONLY

By Juanita Hall

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